



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 JAN -4 11:59

1. Entity ID Number <b>0000 151929</b>		2. Exact name of the Corporation <b>Republic Airways Inc.</b>	
3. Principal Office Address <b>8909 Purdue Rd, Suite 300</b>		City <b>Indianapolis</b>	State <b>IN</b>
		Zip <b>46268</b>	
4. NAICS Code <b>481111</b>	6. Brief description of the character of business conducted in Rhode Island <b>PASSENGER AIRLINE</b>		
5. State of Incorporation <b>IN</b>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Bryan Bedford</b>		Vice-President Name <b>Joseph Allman</b>	
Street Address <b>8909 Purdue Rd, Suite 300</b>		Street Address <b>8909 Purdue Rd, Suite 300</b>	
City <b>Indianapolis</b>	State <b>IN</b>	Zip <b>46268</b>	City <b>Indianapolis</b>
		State <b>IN</b>	Zip <b>46268</b>
Secretary Name		Treasurer Name <b>Joseph Allman</b>	
Street Address		Street Address <b>8909 Purdue Rd, Suite 300</b>	
City	State	Zip	City <b>Indianapolis</b>
		State <b>IN</b>	Zip <b>46268</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Bryan Bedford</b>		Director Name	
Street Address <b>8909 Purdue Rd, Suite 300</b>		Street Address	
City <b>Indianapolis</b>	State <b>IN</b>	Zip <b>46268</b>	City
		State	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
		State	Zip
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<b>100</b>	<b>CWP</b>
		PAR VALUE	<b>\$0.0100</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>			
Name of Authorized Representative <b>Joseph Allman</b>			Date <b>12/19/2022</b>
Signature of Authorized Representative 			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2815  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

JAN 04 2023  
BY ML SEC55  
12:00