

**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year:** 2025  
**Corporation**

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

**FILED**  
RECEIVED  
SECRETARY OF STATE  
CORPORATION DIVISION  
DEC 16 2024  
BY 587 12/16/24 PH 2:32

1. Entity ID Number 000146366		2. Exact name of the Corporation OCEAN STATE AVIATION, INC.			
3. Principal Office Address TF GREEN AIRPORT 2000 POST RD			City WARWICK		State RI
4. NAICS Code 488100		6. Brief description of the character of business conducted in Rhode Island AVIATION REPAIR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name LARRY C. WISE			Vice-President Name LARRY C. WISE		
Street Address 99 WATER ST #207			Street Address 99 WATER ST #207		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name LARRY C. WISE			Treasurer Name LARRY C. WISE		
Street Address 99 WATER ST #207			Street Address 99 WATER ST #207		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
8. List ALL directors (names and addresses)					Check the box to indicate an attachment
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		COMMON	01
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					Date 12/10/24
Signature of Authorized Representative LARRY C. WISE					

**MAIL TO:**  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
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Website: www.sos.ri.gov