F						
	State of R Office of the Se	hode Island ecretary of		Fee: \$50.00		
	Division Of B		ces			
		River Street	5			
1636	Providence F (401) 2	RI 02904-261 222-3040	5			
Foreign Business (· · · · ·	22 3010				
Foreign Business C Annual Report Filing Period: February						
file its annual report wi	G.L. 7-1.2-1501(e), each corp thin thirty (30) days after the t d)) is subject to a penalty fee	ime prescribe				
ANNUAL REPORT YE	AR - ENTER THE CURRENT YI	EAR 2025 :	2025			
1. Corporate ID No.	001695511					
2. Name of Corporation Beacon Aviation Insurance Services, Inc.						
3. Street Address Pri	ncipal Business Office:					
-	201 CANTU COURT					
-	<u>UITE 200</u> ARASOTA	State: <u>FL</u>	Zip: <u>34232</u>	Country: <u>USA</u>		
4. Business Phone N	ο.					
<u>8177856107</u>						
5. State of Incorporat	on					
State: <u>FL</u>						
	NAICS	CODE				
ı v	CS Code that best describes the odes <u>here.</u> More information o			· · ·		
<u>524298</u>						
6. Brief Description o	f the Character of Business (Conducted in	Rhode Island			
	KETING, UNDERWRITING	G AND PREI	MIUM SERVI	CES FOCUSING		
ON AVIATION						
INDUSTRY						
7. Names and Addres	ses of the Officers and Direc	ctors:				

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BENNETT GOLDBLUM	2201 CANTU COURT SARASOTA, FL 34232 USA
TREASURER/ VICE PRESIDENT	ERIN MULLOY	909 THIRD AVE, 33RD FL NEW YORK, NY 10022 USA
ASSISTANT SECRETARY	SABRINA HUBER	909 THIRD AVENUE NEW YORK, NY, NY 10022 UNI
DIRECTOR	ERIN MULLOY	909 THIRD AVENUE, 33RD FLOOR NEW YORK, NY 10022 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per		Total Issued and
		Share	Total Authorized Shares	Outstanding Num of
			Number of Shares	Shares
CWP		\$1.0000	10,000.00	10000

9. 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.

Signed this 23 Day of April, 2025 at 2:04:41 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ADRIANA PAULA

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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