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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
98866	PROVIDENCE TICKET AGENCY, INC.			
3. Street Address Principal Business Office		City	State	Zip
One Kennedy Plaza, Ste. 9		Providence	RI	02903
4. Business Phone No.	5. State of Incorporation			
454-0790	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Agent for sale of Greyhound bus tickets; all other kind and types of tickets for transportation, entertainment and the like.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Maria Buzzerio			Anthony Buzzerio		
Street Address			Street Address		
One Kennedy Plaza, Ste. 9			One Kennedy Plaza, Ste. 9		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
Secretary Name			Treasurer Name		
Anthony Buzzerio			Lorie Buzzerio		
Street Address			Street Address		
One Kennedy Plaza, Ste. 9			One Kennedy Plaza, Ste. 9		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providece	RI	02903

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Maria Buzzerio					
Street Address			Street Address		
One Kennedy Plaza, Ste. 9					
City	State	Zip	City	State	Zip
Providence	RI	02903			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ — AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	no par value	

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ — ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	common	no par value
	THIS SECTION MUST BE COMPLETED	

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.

[redacted]

[redacted]

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.

Anthony Buzzerio 2-28-08
Signature *Date*

Anthony Buzzerio
Print or Type Name

[redacted] Vice President
Title

File Date FILED
Check No. MAR 0 6 2008
By: By 13490
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21498-23-246586

Form 630 Rev. 12/06