



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. 108231		2. Name of Corporation INTEGRATED TRAVEL SOLUTIONS, INC.			
3. Street Address Principal Business Office 30 CAPITAL DRIVE			City W. SPRINGFIELD	State MA	Zip 01089
4. Business Phone No. (413) 846-4400		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island TRAVEL SERVICE AGENCY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD EULIANO			Vice President Name N/A		
Street Address 1980 OAK STREET			Street Address		
City WEST SUFFIELD	State CT	Zip 06093	City	State	Zip
Secretary Name RICHARD EULIANO			Treasurer Name ROBERT DADDARIO		
Street Address 1980 OAK STREET			Street Address 250 FAIRHILL LANE		
City WEST SUFFIELD	State CT	Zip 06093	City SUFFIELD	State CT	Zip 06078
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RICHARD EULIANO			Director Name		
Street Address 1980 OAK STREET			Street Address		
City WEST SUFFIELD	State CT	Zip 06093	City	State	Zip
Director Name ROBERT DADDARIO			Director Name		
Street Address 250 FAIRHILL LANE			Street Address		
City SUFFIELD	State CT	Zip 06078	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000	COMMON STOCK	NO PAR VALUE	1,000	COMMON STOCK	NO PAR VALUE
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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.

File Date  
Check No.  
By  
FOR SECRETARY OF STATE USE ONLY

**FILED**  
MAY 05 2008  
057244

RECEIVED  
SECRETARY OF STATE  
MAY 5 2008

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.

Signature

Date

Richard Euliano

Print or Type Name

President

Title