



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. <u>103617</u>		2. Name of Corporation <u>Viewpoint TRAVEL LTD.</u>			
3. Street Address Principal Business Office <u>27 Beach Rd</u>			City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>
4. Business Phone No. <u>(401)247-7150</u>		5. State of Incorporation <u>RI</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <u>Teresa Sarli</u>			Vice President Name		
Street Address <u>27 Beach Rd</u>			Street Address		
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	City	State	Zip
Secretary Name <u>Michael Sarli</u>			Treasurer Name		
Street Address <u>27 Beach Rd</u>			Street Address		
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	City	State	Zip
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
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
<b>9. SHARES AUTHORIZED</b> <u>100 NO PAR VALUE</u>					
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares <u>0</u>	Class/Series	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.

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 Teresa Sarli Date 15 Sept 08  
Print or Type Name Teresa Sarli  
Title President

File Date **FILED**  
Check No. SEP 23 2008  
By: [Signature]  
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