



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.*

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|--|-------------|---|---------------------|-------------|--------------|
| 1. Corporate ID No. 103617 | | 2. Name of Corporation Viewpoint TRAVEL LTD. | | | |
| 3. Street Address Principal Business Office 27 Beach Rd | | City Barrington | | State RI | Zip 02806 |
| 4. Business Phone No. (401)247-7150 | | 5. State of Incorporation RI | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Teresa Sarli | | | Vice President Name | | |
| Street Address 27 Beach Rd | | | Street Address | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip |
| Secretary Name Michael Sarli | | | Treasurer Name | | |
| Street Address 27 Beach Rd | | | Street Address | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| 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 100 NO PAR VALUE | | | | | |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | | |
| Number of Shares 0 | | 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.

| | |
|---------------------------------|-------------|
| File Date | FILED |
| Check No. | SEP 23 2008 |
| By | 383 |
| FOR SECRETARY OF STATE USE ONLY | |

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