



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

2009

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. 61870		2. Name of Corporation ADVENTURES UNLIMITED INC			
3. Street Address Principal Business Office 162 MIDDLE STREET			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 401-727-9000		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TOUR OPERATOR					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DANIEL J SULLIVAN JR			Vice President Name		
Street Address 16 GARWAINE DRIVE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name WILLIAM DZIURA			Treasurer Name JOHN GALVIN		
Street Address 13 BELLS BROOK ROAD			Street Address 62 CARRIAGE DRIVE		
City LAKEVILLE	State MA	Zip 02347	City LINCOLN	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DANIEL J SULLIVAN JR			Director Name JOHN GALVIN		
Street Address 16 GARWAINE DRIVE			Street Address 62 CARRIAGE DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1,000	Class/Series COMMON	Par Value NPV

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.	FEB 25 2009
By:	By [Signature]
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] CFO 2/20/09
Signature Date
JOHN GALVIN
Print or Type Name
CHIEF FINANCIAL OFFICER
Title