RI SOS Filing Number: 200943441100 Date: 02/27/2009 4:00 PM

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.	2. Name of Corporation		
102383	Run-A-WAY TRAVEL		
3. Street Address Principal Business Office	City	State	Zip
334 Budlong Road	CRANSTON	RI	02920
4. Business Phone No.	5. State of Incorporation		
(401) 942-1453	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
TRAVEL Agency

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

President Name	Vice President Name
RITA Iozzi	RITA Iozzi
Street Address: 129 Academy Ave	Street Address: 129 Academy Ave
City: Providence State: RI Zip: 02908	City: Providence State: RI Zip: 02908
Secretary Name	**Treasurer Name**
RITA Iozzi	RITA Iozzi
Street Address: 129 Academy Ave	Street Address: Providence
City: Providence State: RI Zip: 02908	City: Providence State: RI Zip: 02908

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

Director Name	Director Name
RITA Iozzi	NONE
Street Address: 129 Academy Ave	Street Address:
City: Providence State: RI Zip: 02908	City: State: Zip:
Director Name	**Director Name**
	NONE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED
1,000 No PAR VALUE

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES – THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	COMMON	NONE

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]

FILED
File Date FEB 27 2009
Check No. By 2586
By:
31472-57-353598
FOR SECRETARY OF STATE USE ONLY

[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.

Rita E. Iozzi — *Signature* — 2/17/09 — *Date*

RITA E. Iozzi — *Print or Type Name*

PRESIDENT — *Title*

Form 630 Rev. 08/08