



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. 102383		2. Name of Corporation Run-A-Way TRAVEL	
3. Street Address Principal Business Office 334 Budlong Road		City CRANSTON	State RI
4. Business Phone No. (401) 942-1453		5. State of Incorporation 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 RITA Iozzi		Vice President Name RITA Iozzi	
Street Address 129 Academy Ave		Street Address 129 Academy Ave	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Secretary Name RITA Iozzi		Treasurer Name RITA Iozzi	
Street Address 129 Academy Ave		Street Address Providence	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name RITA Iozzi		Director Name NONE	
Street Address 129 Academy Ave		Street Address	
City Providence	State RI	City	State
Zip 02908		Zip	
Director Name		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED 1,000 No PAR VALUE		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 200	Class/Series COMMON
		Par Value 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.

FILED	
File Date FEB 27 2009	
Check No. By 2586	
By:	
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.

Rita E. Iozzi 2/10/09
Signature Date
RITA E. Iozzi
Print or Type Name
PRESIDENT
Title