



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. 59860		2. Name of Corporation NOVA TRAVEL AGENCY, LTD.			
3. Street Address Principal Business Office 175 TAUNTON AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. Business Phone No. 4014383434		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A TRAVEL AGENCY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name OLGA C. ANDRADE			Vice President Name PAUL G. BETTENCOURT		
Street Address 4 RIVER STREET			Street Address 349 WARREN AVENUE		
City BRISTOL	State RI	Zip 02809	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name PAUL G. BETTENCOURT			Treasurer Name OLGA C. ANDRADE		
Street Address 349 WARREN AVENUE			Street Address 4 RIVER STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City BRISTOL	State RI	Zip 02809
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name OLGA C. ANDRADE			Director Name PAUL G. BETTENCOURT		
Street Address 4 RIVER STREET			Street Address 349 WARREN AVENUE		
City BRISTOL	State RI	Zip 02809	City EAST PROVIDENCE	State RI	Zip 02914
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 400	Class/Series COMMON	Par Value NO PAR VALUE

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	3-23-09
Check No.	7274
By:	MNC
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 Olga C. Andrade Date 2-13-09
OLGA C. ANDRADE
Print or Type Name
PRESIDENT
Title