



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 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. 101590		2. Name of Corporation Travel Resources, Inc.		
3. Street Address Principal Business Office 72 JULIA DRIVE		City North Providence	State RI	Zip 02911
4. Business Phone No. (401) 349-4800		5. State of Incorporation Rhode Island		
5. Brief Description of the Character of Business Conducted in Rhode Island TRAVEL AGENT				

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

President Name Joan Schadone			Vice President Name Joan Schadone		
Street Address 72 Julia Drive			Street Address 72 Julia Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Joan Schadone			Treasurer Name Joan Schadone		
Street Address 72 Julia Drive			Street Address 72 Julia Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911

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

Director Name Joan Schadone			Director Name		
Street Address 72 Julia Drive			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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
3,000	Common	\$1.00

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. **JAN 08 2010**

By: 17321

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.

Joan Schadone 1/6/10
Signature Date

Joan Schadone
Print or Type Name
President
Title