



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 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. 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DANIEL J SULLVAN JR			Vice President Name		
Street Address 16 GARWAINE DRIVE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name WILLIAM DZUIRA			Treasurer Name JOHN GALVIN		
Street Address 13 BELL'S 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) <input type="checkbox"/> 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 MICHAEL HORAN			Director Name		
Street Address 393 ARMISTICE BOULEVARD			Street Address		
City PAWTUCKET	State RI	Zip 02861	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 <b>MUST</b> BE COMPLETED		
			Number of Shares 1000	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	<b>FILED</b>
Check No.	FEB 16 2010
By:	By 186512
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	Date
	FEB 12, 2010
Print or Type Name CHIEF FINANCIAL OFFICER	
Title	