



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. 4442		2. Name of Corporation COLLETTE TRAVEL SERVICE 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 MUST BE COMPLETED		
			Number of Shares 900	Class/Series PREFERRED	Par Value 1.00 PV
			300	COMMON	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.

FILED

File Date **FEB 16 2010**

Check No. **BY 186511**

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.

Signature _____ Date _____

JOHN GALVIN **FEB 12, 2010**

Print or Type Name

CHIEF FINANCIAL OFFICER

Title