



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

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. 11728		2. Name of Corporation TREK TOURS LTD	
3. Street Address Principal Business Office 128 MAIN Street		City Westerly	State RI
4. Business Phone No. 401-596-0357		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island			

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

President Name MARY DEIRDRE LONERGAN			Vice President Name JOYCE EVERETT		
Street Address 133 RTE 27			Street Address 1 PROSPECT ST		
City OLD MYSTIC	State CT	Zip 06372	City MYSTIC	State CT	Zip 06355
Secretary Name JOYCE EVERETT			Treasurer Name MARY DEIRDRE LONERGAN		
Street Address 1 PROSPECT ST			Street Address 133 RTE 27		
City MYSTIC	State CT	Zip 06355	City OLD MYSTIC	State CT	Zip 06372

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

Director Name MARY DEIRDRE LONERGAN			Director Name JOYCE EVERETT		
Address 133 RTE 27			Street Address 1 PROSPECT ST.		
City OLD MYSTIC	State CT	Zip 06372	City MYSTIC	State CT	Zip 06355
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
510	NONE	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.

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.

38 AM 10 FEB - 7 1107
Signature: M Deirdre Lonergan
Date: Feb 2 2011
Print or Type Name: M Deirdre Lonergan
Title: President

FILED
FEB 07 2011
By: [Signature]
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