RI SOS Filing Number: 201290245520 Date: 02/27/2012 4:00 PM

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 2012

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.	2. Name of Corporation			
59860	NOVA TRAVEL AGENCY, LTD.			
3. Street Address Principal Business Office		City	State	Zip
175 TAUNTON AVENUE		EAST PROVIDENCE	RI	02914
4. Business Phone No.	5. State of Incorporation			
4014383434	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) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
OLGA C. ANDRADE			PAUL G. BETTENCOURT		
Street Address			Street Address		
4 RIVER STREET			349 WARREN AVENUE		
City	State	Zip	City	State	Zip
BRISTOL	RI	02809	EAST PROVIDENCE	RI	02914
Secretary Name			Treasurer Name		
PAUL G. BETTENCOURT			OLGA C. ANDRADE		
Street Address			Street Address		
349 WARREN AVENUE			4 RIVER STREET		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914	BRISTOL	RI	02809

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

Director Name			Director Name		
OLGA C. ANDRADE			PAUL G. BETTENCOURT		
Street Address			Street Address		
4 RIVER STREET			349 WARREN AVENUE		
City	State	Zip	City	State	Zip
BRISTOL	RI	02809	EAST PROVIDENCE	RI	02914
Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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CORPORATIONS DIV
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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
400	COMMON	NO PAR VALUE
THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

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.

Olga C. Andrade 01-6-12
Signature *Date*

OLGA C. ANDRADE
Print or Type Name

PRESIDENT
Title

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 27 2012
By: 164717
DS [redacted]

73738-3-716392

Form 630 Rev. 08/08