



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 2013

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. 6115		2. Name of Corporation FINE TRAVEL, INC.			
3. Street Address Principal Business Office 425 Angell Street			City Providence	State RI	Zip 02906
4. Business Phone No. 401-274-2255		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Travel Agency					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Eleanor O. Fine			Vice President Name Nancy C. Fine		
Street Address 355 Blackstone Blvd., Apt. 233			Street Address 34 Miles Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Robert D. Fine			Treasurer Name Alfred M. Fine		
Street Address 470 Cole Avenue			Street Address 355 Blackstone Blvd., Apt. 233		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Alfred M. Fine			Director Name Nancy C. Fine		
Street Address 355 Blackstone Blvd., Apt. 233			Street Address 34 Miles Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Robert D. Fine			Director Name Eleanor O. Fine		
Street Address 470 Cole Avenue			Street Address 355 Blackstone Blvd., Apt. 233		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 Common. No Par Value			100 shs	Common	\$1 Par Value

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

FEB 14 2013

File Date _____
Check No. By [Signature]
By: [Signature] # 12588
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] 2/13/13
Signature Date
Robert D. Fine
Print or Type Name
Secretary
Title