



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 67601	2. Exact name of the Corporation Anyplace Travel of Johnston Inc.		
3. Principal office address 1450 ATWOOD AVE	City Johnston	State RI	Zip 02919
4. Business Phone No. 401-831-8000	5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island TRAVEL AGENCY			

President Name NANCY DiBiglio			Vice-President Name Alexia L. DiBiglio - Mancini		
Street Address 186 MARJORAM DRIVE			Street Address 6 BETSY WILLIAMS CIRCLE		
City CRANSTON	State RI	Zip 02921	City Johnston	State RI	Zip 02919
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	600	0	0

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.

Nancy DiBiglio 1/20/15
 Signature of Authorized Representative Date
NANCY DiBiglio
 Print or Type Name of Authorized Representative

FILED

JAN 26 2015

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