



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 2013

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. 000047553		2. Exact name of the Corporation Park Avenue Travel, Ltd			
3. Principal office address 2431 East Main Rd		City Portsmouth	State RI	Zip 02871	
4. Business Phone No. 401 683-2590		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Travel Agency					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Nancy E. Raposa			Vice-President Name		
Street Address 2431 East Main Rd			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Joseph Raposa Jr			Treasurer Name Joseph Raposa Jr		
Street Address 2431 East Main Rd			Street Address 2431 East Main Rd		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Nancy E. Raposa			Director Name Nancy U. Sundin		
Street Address 2431 East Main Rd			Street Address 2431 East Main Rd		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Joseph Raposa Jr			Director Name		
Street Address 2431 East Main Rd			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	CNP	0.0000

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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 E. Raposa 5/20/15
Signature of Authorized Representative Date

Nancy E. Raposa

Print or Type Name of Authorized Representative

FILED

JUN 02 2015

By 250024

A.A. 10:31 A.M.