



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 **2016**

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. 6115		2. Exact name of the Corporation FINE TRAVEL, INC.		
3. Principal office address 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Nancy C. Fine		Vice-President Name Alfred M. Fine		
Street Address 670 Elmgrove Avenue		Street Address 355 Blackstone Blvd., Apt. 233		
City Providence	State RI	Zip 02906	City Providence	State RI
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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Alfred M. Fine		Director Name Nancy C. Fine		
Street Address 355 Blackstone Blvd., Apt. 233		Street Address 670 Elmgrove Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI
Director Name Robert D. Fine		Director Name		
Street Address 470 Cole Avenue		Street Address		
City Providence	State RI	Zip 02906	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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.				
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.

File Date _____

Check No _____

By: _____

FILED

JAN 11 2016

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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.

Robert D. Fine 01-07-2016
 Signature of Authorized Representative Date

Robert D. Fine
 Print or Type Name of Authorized Representative

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 BY _____