

FOR SECRETARY OF STATE USE ONLY

Secretary of State - Division of Business Services 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016 Filing Period: January 1 - March 1 • Filing Fee: \$50,00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

| Corporate ID No. 9674 | 2. Name of Co. Donova | rporation an Travel, Inc. | | | |
|--|-------------------------|--|-------------------------------------|------------------------------|---------------------------------|
| 3. Street Address Principal Business Office 508 Main Street | | City East Greenwich | State RI | 2ip 02818 | |
| 885-3500 | | 5. State of Incorporation Rhode Island | | | |
| Brief Description of the Cha Travel agency. | aracter of Business Con | ducted in Rhode Island | | | |
| 7. NAMES AND ADDRE President Name Judith A. Clappin | SSES OF THE OFF | TICERS: ("X" BOX FOR ATT | ACHMENT) | N SPACES BEFORE U | SING ATTACHMENTS |
| Street Address 508 Main Street | | | Street Address | - | |
| City East Greenwich | State RI | ^{Zip} 02818 | City | State | Zip |
| Secretary Name Judith A. Clappin | | | Treasurer Name Judith A. Clappin | | |
| Street Address 508 Main Street | | | 508 Main Street | | |
| City East Greenwich | State R1 | 7 <i>ip</i> 02818 | City East Greenwich | State RI | 02818 |
| 8: NAMES AND ADDRE Director Name | SSES OF THE DIR | ECTORS: ("X" BOX FOR AT | TACHMENT) DEFILL Director Name | IN SPACES BEFORE | USING ATTACHMENTS |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZI | ED: ("X" BOX FOR | ATTACHMENT) 🗆 | 10. SHARES ISSUE | D: ("X" BOX FOR ATT. | ACHMENT) |
| 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 |
| | | | 278 shares common stock | k no par value | |
| | | | | | |
| | | e corporation by an authorize ne corporation by the receive | | corporation is in the ha | ands of a receiver or truste |
| ns report must be execu | | to corporation by the receive | a or tradeo. | | |
| | | FILED | Under penalty of perjui | ry, I declare and affirm tha | at I have examined this report, |
| | | FEB 1 7 2016 | contained herein are tr | ue and correct. | ements, and that all statement |
| File Date | | BY_ 43148 | Signal the | LIC Clay | ff / 4// |
| Check No. | | | Judith A. Clap | pin | • |
| Ву: | | - · | Print or Type Name | | |
| | | | President | | |

Title