



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1347  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 94201		2. Name of Corporation CREANEY ASSOCIATES, INC.			
3. Street Address Principal Business Office 850 AQUID NECK AVE		City MIDD	State RI	Zip 02842	
4. Business Phone No. 401 849 8956		5. State of Incorporation RHODE ISLAND		6. SIC Code 6635	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF A TRAVEL AGENCY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KATHLEEN CREANEY			Vice President Name		
Street Address 15 EVERETT ST			Street Address		
City MIDD	State RI	Zip 02842	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
1,000 COMM NO PAR VALUE			- 0 -	- 0 -	- 0 -
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
			- 0 -	- 0 -	- 0 -

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 6/27/05  
Check No.: 4714  
By: DA  
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.

Kathleen Creaney 2-25-05  
Signature of Officer Date

KATHLEEN CREANEY  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>94201</b>		2. Name of Corporation <b>CREANEY ASSOCIATES, INC.</b>			
3. Street Address Principal Business Office <b>850 AQUILAACK AVE</b>			City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
4. Business Phone No. <b>401 8498456</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>6635</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF A TRAVEL AGENCY.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>KATHLEEN CREANEY</b>			Vice President Name		
Street Address <b>15 EVERETT ST</b>			Street Address		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
<b>1,000 COMM NO PAR VALUE</b>			<b>1,000 - 0 -</b>	<b>- 0 -</b>	<b>- 0 -</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 2 0 1 \*

File Date 2/17/04  
Check No. 4207  
By: SC  
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.

Kathleen Creaney 1-19-04  
Signature of Officer Date  
KATHLEEN CREANEY  
Print or Type Name of Officer  
Owner  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **94201** 2. Name of Corporation **CREANEY ASSOCIATES, INC.**  
3. Street Address Principal Business Office  
**850 Aquidneck Ave**  
4. Business Phone No. **401 849 8956** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**TRAVEL Agency**

City **MIDDLETOWN** State **RI** Zip **02842**  
6. SIC Code **6635**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Kathleen CREANEY**  
Street Address **15 Everett St**  
City **MIDDLETOWN** State **RI** Zip **02842**  
Secretary Name

Vice President Name  
Street Address  
City State Zip  
Treasurer Name

Street Address  
City State Zip

Street Address  
City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

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

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

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 COMM NO PAR VALUE**

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**0 0 0**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 2 0 1 \*

File Date: **3.25.03**  
Check No.: **3810**  
By: **lop**

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 of Officer **Kathleen Creaney** Date **1-15-03**  
Print or Type Name of Officer **KATHLEEN CREANEY**  
**President**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94201** 2. Name of Corporation **CREANEY ASSOCIATES, INC.**

3. Street Address Principal Business Office **850 AQUIDNECK AVE** City **PROVIDENCE** State **RI** Zip **02842**

4. Business Phone No. **4018498956** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6635**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**FULL SERVICE TRAVEL AGENCY**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Kathleen Creaney</b>	Vice President Name
Street Address <b>15 Evert H ST</b>	Street Address
City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02842</b>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

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

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 COMM NO PAR VALUE</b>		

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>1000 comm NO PAR VALUE</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 2 0 1 \*

File Date: 2-5-02

Check No.: 3104

By: [Signature]

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 of Officer: Kathleen Creaney Date: 1-16-02

Print or Type Name of Officer: KATHLEEN CREANEY

Title of Officer: PRESIDENT



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94201** 2. Name of Corporation **CREANEY ASSOCIATES, INC.**

3. Street Address Principal Business Office **850 Aquidneck Ave** City **Middletown** State **RI** Zip **02842**  
4. Business Phone No. **401-849-8956** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8639**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Travel Agency**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Kathleen Creaney**  
Street Address  
**15 Everett St.**  
City **Middletown** State **Ri** Zip **02842**

Vice President Name  
Street Address  
City State Zip

Secretary Name  
Street Address  
City State Zip

Treasurer Name  
Street Address  
City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  
Street Address  
City State Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 COMM NO PAR VALUE**

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,000 comm no par value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 2 0 1 \*

File Date: 1/16

Check No.: 2723

By: [Signature]

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] 1-11-01  
Signature of Officer Date

Kathleen CREANEY  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94201** 2. Name of Corporation **CREANEY ASSOCIATES, INC.**  
3. Street Address Principal Business Office  
**850 AQUIONECK AVE**  
4. Business Phone No. **401 849 8956** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**TRAVEL AGENCY**

City **MIDDLETOWN** State **RI** Zip **02842**  
6. SIC Code **6635**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **KATHLEEN CREANEY**  
Street Address **15 EVERETT ST.**  
City **MIDDLETOWN** State **RI** Zip **02842**

Vice President Name  
Street Address  
City State Zip  
Treasurer Name

Street Address  
City State Zip

Street Address  
City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

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

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

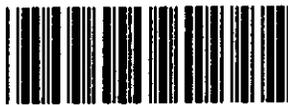
**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 COMM NO PAR VALUE**

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,000 COM NO PAR VALUE.**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 2 0 1 \* PAID

JAN 31 2000

File Date: \_\_\_\_\_  
Check No.: **2289** SECRETARY OF STATE

By: **COB**  
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.

**Kathleen Creaney** 1-19-00  
Signature of Officer Date  
**Kathleen CREANEY**  
Print or Type Name of Officer  
**Owner / PRESIDENT**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94201** 2. Name of Corporation **CREANEY ASSOCIATES, INC.**

3. Street Address Principal Business Office **850 AQUEDUCK AVE** City **MIDDLETOWN** State **RI** Zip **02842**

4. Business Phone No. **4018498956** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6635**

7. Brief Description of the Character of Business Conducted in Rhode Island

**TRAVEL AGENCY**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **KATHLEEN CREANEY**  
Street Address **15 EVERETT ST**  
City **MIDDLETOWN** State **RI** Zip **02842**

Vice President Name  
Street Address  
City State Zip  
Treasurer Name

Secretary Name  
Street Address  
City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 COMM NO PAR VALUE**

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1000 NO PAR**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 2 0 1 \*

File Date: 1-14-99

Check No.: 1763

By: AMP 10/11/98

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.

Kathleen Creaney 12-31-98  
Signature of Officer Date

KATHLEEN CREANEY  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94201** 2. Name of Corporation **CREANEY ASSOCIATES, INC.**  
3. Street Address Principal Business Office **850 AQUIDNECK AVENUE** City **MIDDLETOWN** State **RI** Zip **02842**  
4. Business Phone No. **401-849-8956** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6635**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**TRAVEL AGENCY**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)**

President Name <b>KATHLEEN CREANEY</b> Street Address <b>850 AQUIDNECK AVENUE</b> City <b>MIDDLETOWN,</b> State <b>RI</b> Zip <b>02842</b>	Vice President Name <b>KATHLEEN CREANEY</b> Street Address <b>SAME</b> City _____ State _____ Zip _____
---	---

Secretary Name <b>KATHLEEN CREANEY</b> Street Address _____ City _____ State _____ Zip _____	Treasurer Name <b>KATHLEEN CREANEY</b> Street Address _____ City _____ State _____ Zip _____
---	---

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

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

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
<b>1,000 COMM NO PAR VALUE</b>			

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100-</b>	<b>comm</b>	<b>no par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 6-3-98  
Check No.: 1437  
By: AMF

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.

Kathleen Creaney 6-1-98  
Signature of Officer Date  
**KATHLEEN CREANEY, PRESIDENT**  
Print or Type Name of Officer