



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

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

1. Entity ID Number 000047553		2. Exact name of the Corporation PARK AVENUE TRAVEL, LTD.			
3. Principal Office Address 2431 EAST MAIN ROAD		City PORTSMOUTH	State RI	Zip 02871	
4. Business Phone Number 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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NANCY E. RAPOSA		Vice-President Name			
Street Address 2431 EAST MAIN ROAD		Street Address			
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
Secretary Name NANCY E. RAPOSA		Treasurer Name NANCY E. RAPOSA			
Street Address 2431 EAST MAIN ROAD		Street Address 2431 EAST MAIN ROAD			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NANCY E. RAPOSA		Director Name			
Street Address 2431 EAST MAIN ROAD		Street Address			
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
9. Shares Authorized		10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		600	CNP	0	
11. 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.					
Name of Authorized Representative NANCY E. RAPOSA				Date 5-27-2016	
Signature of Authorized Representative <i>Nancy E. Raposa</i> SCAN DOCUMENT HERE					

FILED

MAY 31 2016

BY

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