

State of Rhode Island and Providence Plantations



## Department of State - Business Services Division

Annual Report for the year: **2017**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>136442</b>		2. Exact name of the Corporation <b>Pacific Experience, Inc.</b>												
3. Principal Office Address <b>181 Spring Street</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>									
4. NAICS Code <b>81 - Other Services (except <input type="checkbox"/>)</b>		6. Brief description of the character of business conducted in Rhode Island <b>To provide, perform, market, sell or otherwise deal in the business of a travel agency</b>												
5. State of Incorporation <b>Rhode Island</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Lesley Brooking-Elms</b>			Vice-President Name											
Street Address <b>181 Spring Street</b>			Street Address											
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip									
Secretary Name <b>Lesley Brooking-Elms</b>			Treasurer Name <b>Lesley Brooking-Elms</b>											
Street Address <b>181 Spring Street</b>			Street Address <b>181 Spring Street</b>											
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>1,000</b></td> <td><b>Common</b></td> <td><b>No Par</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>1,000</b>	<b>Common</b>	<b>No Par</b>			
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<b>1,000</b>	<b>Common</b>	<b>No Par</b>												
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.														
<b>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.</b>														
Name of Authorized Representative <b>Lesley Brooking-Elms</b>				Date <b>02/24/2</b>										
Signature of Authorized Representative 														

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 02 2017

FORM 630 - Revised: 02/2017

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