




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 136442		2. Exact name of the Corporation Pacific Experience, Inc.												
3. Principal Office Address 181 Spring Street			City Newport	State RI	Zip 02840									
4. NAICS Code 81 - Other Services (except )		6. Brief description of the character of business conducted in Rhode Island To provide, perform, market, sell or otherwise deal in the business of a travel agency												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Lesley Brooking-Elms			Vice-President Name											
Street Address 181 Spring Street			Street Address											
City Newport	State RI	Zip 02840	City	State	Zip									
Secretary Name Lesley Brooking-Elms			Treasurer Name Lesley Brooking-Elms											
Street Address 181 Spring Street			Street Address 181 Spring Street											
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> <tr> <td style="text-align:center">1,000</td> <td style="text-align:center">Common</td> <td style="text-align:center">No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1,000	Common	No Par												
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 Lesley Brooking-Elms					Date 02/24/2									
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 22 2017

FORM 630 - Revised: 02/2017

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