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.

FILED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 MAR 29 PM 1:55

1. Entity ID Number	2. Exact name of the Corporation			
000068676	OCEAN STATE TRAVEL, INC.			
3. Principal Office Address		**City**	**State**	**Zip**
632 CHARLES STREET		PROVIDENCE	R.I.	02904
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**			
81	TRAVEL AGENCY			
5. State of Incorporation				
R.I.				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
GRACE NERI					
Street Address			**Street Address**		
30 FOREST VIEW DRIVE					
City	**State**	**Zip**	**City**	**State**	**Zip**
N. PROVIDENCE	R.I.	02904			
Secretary Name			**Treasurer Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
GRACE NERI			GRACE NERI		
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000.00		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	Date
GRACE NERI	03/29/2017

FILED

Signature of Authorized Representative

SIGN DOCUMENT HERE

MAR 29 2017

BY 299621 1:55

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017