



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 22 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 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

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

1. Entity ID No. <u>102383</u>		2. Exact name of the Corporation <u>Run-A-Way Travel</u>	
3. Principal office address <u>695 Oaklawn Ave</u>		City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02920</u>		4. Business Phone No. <u>(401) 942-1453</u>	
5. State of Incorporation <u>RI</u>		6. Brief description of the character of business conducted in Rhode Island <u>Leisure Travel</u>	
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Rita E. Iozzi</u>		Vice-President Name <u>// same</u>	
Street Address <u>91 Amanda St</u>		Street Address <u>//</u>	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
Secretary Name <u>Same</u>		Treasurer Name <u>same</u>	
Street Address <u>//</u>		Street Address <u>//</u>	
City <u>//</u>	State <u>//</u>	Zip <u>//</u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Rita E. Iozzi</u>		Director Name <u>same</u>	
Street Address <u>91 Amanda St</u>		Street Address <u>same</u>	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
Director Name <u>same</u>		Director Name <u>same</u>	
Street Address <u>//</u>		Street Address <u>//</u>	
City <u>//</u>	State <u>//</u>	Zip <u>//</u>	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the files of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES <u>10090</u>	CLASS/SERIES <u>100</u>

This report must be executed on behalf of the corporation. 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.

File Date

Check No.

By:

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 Authorized Representative

Date

Print or Type Name of Authorized Representative