



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 126811		2. Name of Corporation D.L.B., Inc.			
3. Street Address Principal Business Office 7414 POST ROAD			City N. KINGSTOWN	State RI	Zip 02852
4. Business Phone No. (401) 295-5500		5. State of Incorporation RHODE ISLAND		6. SIC Code 5635	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE SALE OF TRAVEL RELATED PRODUCTS AND SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SARAH TORTOLANO			Vice President Name DOMENIC TORTOLANO		
Street Address 5 INTERVALE RD			Street Address 5 INTERVALE RD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name DOMENIC TORTOLANO			Treasurer Name SARAH TORTOLANO		
Street Address 5 INTERVALE RD			Street Address 5 INTERVALE RD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SARAH TORTOLANO			Director Name		
Street Address 5 INTERVALE RD			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100		\$ 1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 2-22-05
Check No. 2141
By: [Signature]
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] 02/14/05
Signature of Officer Date
SARAH TORTOLANO
Print or Type Name of Officer
PRESIDENT
Title of Officer



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1. Corporate ID No. 126811		2. Name of Corporation D.L.B., Inc.			
3. Street Address Principal Business Office 7414 POST ROAD			City N. KINGSTOWN	State RI	Zip 02802
4. Business Phone No. (401) 295-5500		5. State of Incorporation RHODE ISLAND			6. SIC Code 6635
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE SALE OF TRAVEL RELATED PRODUCTS AND SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SARAH TORTOLANO			Vice President Name DOMENIC TORTOLANO		
Street Address 5 INTERVALS RD			Street Address 5 INTERVALS RD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name DOMENIC TORTOLANO			Treasurer Name SARAH TORTOLANO		
Street Address 5 INTERVALS RD			Street Address 5 INTERVALS RD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SARAH TORTOLANO			Director Name		
Street Address 5 INTERVALS RD			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
1,000 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
100			\$ 1.00		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



RECEIVED 6 8 1 1 *

File Date JAN 06 2004
Check No. **BY** 140 1491
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.

Sarah Tortolano 01/04/04
Signature of Officer Date
SARAH TORTOLANO
Print or Type Name of Officer
PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *126811*		2. Name of Corporation D.L.B., Inc.			
3. Street Address Principal Business Office 7414 Post Road			City N Kingstown	State RI	Zip 02852
4. Business Phone No. (401) 295-5500		5. State of Incorporation RHODE ISLAND		6. SIC Code 6635	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE SALE OF TRAVEL RELATED PRODUCTS AND SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sarah Tortolano			Vice President Name Domenic Tortolano		
Street Address 5 Intervale Road			Street Address 5 Intervale Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Domenic Tortolano			Treasurer Name Sarah Tortolano		
Street Address 5 Intervale Road			Street Address 5 Intervale Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Sarah Tortolano			Director Name		
Street Address 5 Intervale Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100		61.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 6 8 1 1 *

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.

Sarah Tortolano 02/28/03
Signature of Officer Date
SARAH TORTOLANO
Print or Type Name of Officer
PRESIDENT
Title of Officer

**126811* 2/19/03 10:19:11 AM*

File Date 3/5/03

Check No. 1150

By: [Signature]

FOR SECRETARY OF STATE USE ONLY