

FOR SECRETARY OF STATE USE ONLY

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

Form 630 Rev. 12/03

-101.222.3010

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 BIACK) 1. Corporate ID No. 2. Name of Corporation 51517 YANKEE TRAVEL, INC. 5. State of Incorporation 6635 **RHODE ISLAND** FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Street Address Street Address State ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Street Address Sincel Address State Zip State Ziρ City Director Name Director Name Street Address Street Address City State City State Z/p 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Par Value 6,000 NO PAR VALUE 1000 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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-berein are true and correct.



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

2004

401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

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

(FORM MUST BE TYPED OR PRIN	TED IN BIACK)				
1. Corporate ID No.	2. Name of Corpora				
51517 3. Street Address Principal Business C	YANKEE TRA	· · · · · · · · · · · · · · · · · · ·	City	State	ZIP 22.2.2.2
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4 Business Phone No 401-789-9		5. State of Incorporation RHODE ISLAND			6635
7 Brief Description of the Character of TRAVEL AGENCY	of Business Conducted	in Rhode Island			
8. NAMES AND ADDRESSES	OF THE OFFICE	RS: ("X" BOX FOR ATT	ACHMENT) FILL IN SE	ACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name FRANCET SA	WXIR (
Street Address 10 3 SITUM	ANKA AL	UC HICED 02813	Sircei Address 10FBAA) S/-	OCUM RD	<u> </u>
City	State	Zip	City	State PL	02822
· · · · · · · · · · · · · · · · · · ·	1 825	102813		1/21	107856
Secretary Name			Treasurer Name		
Street Address		·	Street Address	 	· <u> </u>
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES	 OF THE DIRECT	 TORS: <i>("X" BOX FOR A</i>	: TTACHMENT)	SPACES BEFORE USI	NG ATTACHMENTS
Director Name			Director Name	L. 0-00	
Street Address	uc <u>e</u>		Street Address	moscies	
ANN ADRIM Sirce Address 103 SHUMAN	KANUC A	hulps	10 EBAN S.	LOCUM RD	
CHARLESTOUR	State RI	02813	EXETOL	State	6282Z
Director Name			Director Name		
Constant de la consta			Surret Address		
Street Address			JATEL MILLY		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR /	 ATTACHMENT) [11. SHARES ISSUED (*.	 X" BOX FOR ATTACE	IMENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,000 NO PAR VALUE			200	N/A	N/A
	<u>. </u>				
This report must be	signed in ink by	either the President. Vice	President, Secretary, Assistan	t Secretary, Treasurer.	Receiver or Trustee
110001	ANGI NASI BIJAT KIAN 122	n (fr			
					hat I have examined this repor
* 5	1517	*	including any accomp contained herein are t		itements, and that all statemen
5/4. Davi	ì		/ INCLUMENT	XIC	8/16/104
File Date	7 274 - ~	110	Signature of Officer	-	Date
Check No. 2:33 1	150, 1801	$d\Phi$	FRANCON	SANDERS	
By:			Print or Type Name of		
FOR SECRETARY OF ST	PATE LICE ONLY	_	VICE TRES	SIDENT	
FOR SECRETART OF ST	ONL OF CALL		Title of Officer		Form 630 Rev. 12/03

Edward S. Inman, III. 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

STOP

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 51517 YANKEE TRAVEL, INC. 3. Street Address Principal Business Office 582 KINGSTOUN 4. Rusiness Phone No. 001-79.9728 6635 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TRAVER ALENLY FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) 103 SHUMANKANUC HILL RD LHARLESTOWN State RI 219 02813 LO EBAN SLOCUM RS
CHYLETER STORE Secretary Nam Street Address Street Address City FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) TRANCES SANDERS eel Address
10 EBAN SCOCUM KD

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State

RI 103 SIMMANIANUL HILL RD NOIMEDUND RJ 02813 Street Address Street Address Zip City State City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Class/Series Par Value Number of Shares Par Value Number of Shares Class/Series 6,000 NO PAR VALUE 200

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

	* 5 1 5 1 7 *
File Date:	6-16-03
Check No.:	17815
By:	Z.
	DF STATE USE ONLY

Under penalty of perjury, I declare and affirm t	hat I have examined
this report, including an¶ accompanying schedu	ules and statements, and
that all statements coma ned herein are true an	id correct.
Mirin Neuls.	6/13/03
Significal Sylvices	Date
Frances Sanders	
Print or Type Name of Officer	
VICE His den ,	
Title of Officer	Form 630 12/02
◆ 5	Ferm 030 12102



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1 - March 1 Filing Fee: \$50.00

ORM MUST BE TYPED IN BL Corporate ID No.	2. Name of Corpora				
51517	YANKEE TRA	AVEL, INC.		Contraction	12:-
Street Address Principal Busine	-		Ciry WAKEFIELD	State RI	7 <i>ip</i> 02879
682 KINGSTOWN ROAL) 	1.0 (1	WAKEFIELD		6. SIC Code
. Business Phone No.		5. State of Incorporation RHODE ISLAND			6635
## AUDE ISLAND Brief Description of the Character of Business Conducted in Rhode Island RAVEL AGENCY		<u></u>		10033	
Brief Description of the Charac TRAVEL AGENCY	ter of Business Cond	ucted in Rhode Island			
8. NAMES AND ADDRESS	ES OF THE OFFI	CERS ("X" BOX FOR ATT	(CHMENT) FILL IN SP	ACES BEFORE USING ATT	ACHMENTS
resident Nome			Vice President Name		
ANN ADRIANCE	<u> </u>		•	<u> </u>	
ANN ADRIANCE Siree Address 103 SHUMAN CHARLESTONED			Street Address		
103 SHUMAN	VKANUC E	nce ks	•		
2011001	State O	Zip/70813	City	State	Zip
HHISCLESTON	10	02013	. <u></u>		!
ecretary Name			Treasurer Name		
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Street Address			· Sireet Address		
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City	State	Zip	:City	State	$ ^{Zip}$
		<u> </u>	·		
9. NAMES AND ADDRESS	ES OF THE DIR	CTORS ("X" BOX FOR A		SPACES BEFORE USING A	LIVCHWIN12-
Director Name	_		, Director Name		
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FAMILES S Sireel Address LO EBAN S City EXETTIN	LOCUM 1	4)	•		
City	State	Zip 222	·Ciry	State	Zip
ALIDE	10/	02022	. . <i></i>		. <i>. 1</i>
Director Name			· Director Name		
·			•		
Street Address			·Sireei Address ·		
_,	18		·City	State	Zip
City	State	Zip	•	Skule	
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10. SHARES AUTHORIZI	ED C'X"BOX FOR	ATTACHMENT)		X" BOX FOR ATTACIMENT	<u>/ [</u>
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6,000 NO PAR VALUE			200	NJA	NA
	 				
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This report must be signe	ed in ink by eithe	er the President, Vice Pr	esident, Secretary, Ass.	isiani secretary, treasu	rer, Receiver or iras
1 198161 8(12) (18)	0: #1161 #811 1891 1981				
	41 67 64 11 64 1 6 6 1				
	AL DUBLIBLICATION		Linder penalty of n	crjury, I declare and affirm t	hat I have examined
+ 5 1	5 1 7 *		this report, including	ng any accompanying sched	ules and statements,
		 -		ents contained herein are tru	
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01011 0000/4/0400	·		~ (mm	JK LIDWAM	XX 7/5/02
1 Q.,	<u> </u>				
File Date	<u> </u>	_	Signature of Officer	L	ate
ر ـ ا	397		Signature of Officer	ANN A	DDDJANCE
File Date	897	-	Signature of Officer POCS (DC Print or Type Name o	ANN A	D'RIANCE
File Date	397 2	-	Print or Type Name of		DINANCE_
File Date 9- C	897 2	 	PRESIDE		PRIANCE Form 630 I

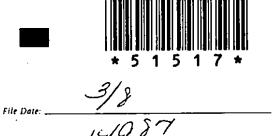
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2001



PROFIT CORPO	ORATION A	ANNUAL REP	ORT FOR TH	HE YEAR 2001	STO PLEASE R INSTRUCT
(FORM MUST BE TYPED IN BLAC					
1. Corporate ID No. 51517	2. Name of Corporation YANKEE TRA	VEL, INC.			
3. Street Address Principal Business (682 K	IN6STOWN	TOAD	UAKERELO	State PLI	02879
4. Business Phone No. 40.1 - 789 - 4	9728	S. State of Incorporation RHODE ISLAND			4. 81C Cut.
7. Brief Description of the Character	of Business Conducted in 1 FUEL A6 COV				
8. NAMES AND ADDRESS	ES OF THE OFFIC	ERS (*X* BOX FOR ATTACHS	MENT) FILL IN SPACE Vice President Name	ES BEFORE USING ATTACHM	IENTS
ANN ADA	CIANCE		FRANCES Street Address	r Shumbers'. N Scocum re	
103 SHUM	ANKANUC	HILL RO			·D
Street Address 103 SHUM City CHARLESTOWN Secretary Name	State PI	02813	EXETER Trensurer Name	State RIL	02822
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	SES OF THE DIREC	CTORS ("X" BOX FOR ATTAC		CES BEFORE USING ATTACE	HMENTS
ANN ADRIA			PRANCES	SAUNDERS	
10 3 Set um	ANKANUE K	hurs	Street Address ZEBAN	SLOCUM ED	
CHARLES THE	State DE	628L3	EXCTOR	State P.S.	02822
Director Name	••	·	Director Name		·
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZED SHARES	O (*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED) (*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,000 SHS NO PAR	VALUE		200	NLA	NIA
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This report must be signed in lnk by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Check No.:

FOR SECRETARY OF STATE USE ONLY

Title of Officer

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

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Signature of Officer	Date
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ANN ADRIANCE		_
int or Type Name of Officer		
Pacsioens		



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

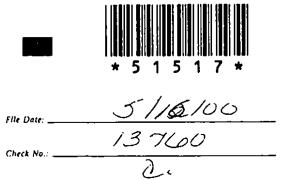
STOP PELVI RIAD INSIRTERIONS

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(FORM MUST BE TYPED IN B	LACK)			
1. Corporate ID No. 51517	2 Name of Corporation YANKEE TRAVEL, INC.			
3. Street Address Principal Busine 682 K 4. Business Phone No.	rsg Office (1N6570WN RD S. State of Incorpor RHODE ISL	WAKETIEZO ailon AND	State RI	Zip 028 6. sig Ca 603

602 F 4. Business Phone No.	- 1100-2 10WD	5. State of Incorporation RHODE ISLAN	WAREHEZD	KL	6. SIC Code 6635
7. Brief Description of the Chara	icter of Business Conducted i				
•	-	- / ICERS (*X* BUX FOR ATTAC	CHMENT) FILL IN SPACES BI	EFORE USING ATTAC	CHMENTS
President Name ANN M.	ADRIANCE	-	Vice President Name TRANCES H.	SANDERS	
Street Address SI4UI	ADRIANCE MANKANU (HILL RD	Screet Address 2 CBAN SC	OCUM RA	
City CHARLESTOWN Secretary Name) State	02813	City EXETER Treasurer Name	RI	02823
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("x" BOX FOR AT		BEFORE USING ATT	ACHMENTS
ANN M. A.	PIANCE		PRANCES M.	SANDORS	
ANN M. AS Street Address 103 SHUM CITY CHARLESTON	ANKANUC.	Hurs	Street Address ZEDBAN SLO	CUM RPS	
CITY LESTIN	State 72%	02813	EXETER	State RL	02822
Director Name	-	_	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORI	ZED (*X* BOX FOR AT)	FACHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMEN	(די
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,000 SHS NO P	AR VALUE		200	NIA	NIA

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



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 Officer

Date

Print or Type Name of Officer





James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

l. Corporate ID No.					
51517	2. Name of Cosposa YANKEE T	RAVEL, INC.			
. Street Address Principal Busine	ess Office	0 -	SOKINGSTOW	N State	Zip
682 KIN	165 TOWN	•	50 KIN65TOW	N 122	02879
. Ausiness Phone No. 401 - 78	9-9728	5. State of Incorporation RHODE ISLAN	D		6. SIC Code 6635
. Brief Description of the Charac MAU	tier of Business Conducted 1	in Rhode Island			
B. NAMES AND ADDRI	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
President Name	1 100	, , ,	Vice President Name	Caron man	
ANN M.			FRANCS 1	SANDERS	
ireer Address SHUMA	NKANUC	14)	10 ETBAN	SLOCUM RA)
I HANN NOW	- State -	zip ()2:31 7	City	State	21, 02522
C11111-500 1 1 1 1	14	01313	DEDE L		02325
ecretary Name			Treasurer Name		
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·
City	State	Zip	City	State	Zip
·		•	•		•
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D. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS (*X* BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name TRANCES		•
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS (*X* BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name FNANCES	CES BEFORE USING ATT	ACHMENTS
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ('X' BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name FNANCES	CES BEFORE USING ATT	CACHMENTS
P. NAMES AND ADDRI PROPRIESTO NAME - ANN H. Girel Address 103 SHUMH CHYLLSTMAN	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name FNANCES	CES BEFORE USING ATT	ACHMENTS
O. NAMES AND ADDRI Director Name- ANN H. Street Address 103 SHUALH Sity HANLES TOWN Director Name	ESSES OF THE DIR	ECTORS ('X' BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name FRANCES Street Address /O EBAN City: XLTDL	CES BEFORE USING ATT	CACHMENTS
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ('X' BOX FOR ATT	Director Name Street Address City City Director Name City Director Name	CES BEFORE USING ATT	CACHMENTS
O. NAMES AND ADDRI Director Name- Street Address (03 SHUMH City HANGS TUNK Director Name Street Address	ESSES OF THE DIR AMRIANCE NKANUC KI State RI	ECTORS ("X" BOX FOR ATT Zip Zip J28/3	Director Name City: Director Name City: Director Name Street Address	CES BEFORE USING ATT SANDERS SLOCULU RI State	CZBZZ
9. NAMES AND ADDRI Director Name. 103 SHUMH City HANGESTORY Director Name Street Address City 10. SHARES AUTHORIZ	ESSES OF THE DIR ADRIANCE VKANUC KI State State	ECTORS ("X" BOX FOR ATT Zip 0 Zip 228/3	Director Name FILL IN SPACE Director Name City Direct Address Director Name Street Address City	CES BEFORE USING ATT SANDERS SLOCULU RI State	Zip OZBZZ
9. NAMES AND ADDRI Director Name- Street Address 103 SHUMH City HANGS OWN Director Name Street Address	ESSES OF THE DIR ADRIANCE VKANUC KI State State	ECTORS ("X" BOX FOR ATT Zip 0 Zip 228/3	Director Name City: Direct Address Director Name City: Director Name City City Director Name City 11. SHARES ISSUED	CES BEFORE USING ATT SHAPETES SLOCU JU R.J. State State	Zip OZBZZ

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

	* 5 1 5 1 7 *
File Date:	5-11-99
Check No.:	12660
ву:	AMF
FOR SECRETAR	Y 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 Officer

Date

Date

ANN M. ADRIANCE

Print or Type Name of Officer

Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP,
PLIASE READY
INSTRUCTIONS

Filing Period: Januar	y 1-March 1 •	Filing Fee: \$50.00			INSTRU
(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No. 51517	2. Name of Corporat YANKEE TR				
3. Street Address Principal Busines 682 KIN 4. Business Phone No. 401-785	6570W -9728	5. State of Incorporation RHODE ISLAND	SOKINGSTOWN	State	0287 <i>9</i> 6. SIC Code 6635
7. Bilef Description of the Charact	er of Business Conducted in				
- • •		CERS (*X* BOX FOR ATTACH	MENT)		
President Name ANN M. A Street Address	PORIANCE	<u> </u>	Vice President Name FRANCES H.	SANDERS	
sireet address 103 SIHU MAN	KANUC L+	TURD	Street Address 2 EBAN SLOC	UN RP	
CHARLESTUN	State The	02813	CHETER		0282Z
Secretary Name IRANCES H.	Carnoss		Treasurer Name		
Street Address SCAN SC	- -		Street Address		
CityEXETCR	State TEL		City	State	Zip
	SSES OF THE DIRI	ECTORS ("X" BOX FOR ATTAC			
ANN H. AD	RIANCE		TRANCES H.		
103 Sthims	NKANUC	HILLRD	Street Address Scot	CUMRD	
CHANCES TULLA DIrector Name	State RI	02813	CLETER Director Name	State	0282Z
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" I	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,000 SHS NO PAR	VALUE	NA	200	NIA	NIA

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

	* 5 1 5 1 7 *	Under penalty of perjury, 1 dec this report, including-any acco
File Date:	1.7.98	that Wignatements conthined t
Check No.:	11737	Signature of Officer FRANCES 4. SA
By:	SE ONLY	Print or Type Name of Officer VICE VIET 14 Title of Officer

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that Ultratements conthined herein are true and correct.

Signature of Officer

Print or Type Name of Officer

Date

Print or Type Name of Officer



Class/Series

N/A

Number of Shares

6,000

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

Par Value

Class/Series

PROFIT CORPORATION ANNUAL REPORT 1997

PROFIT COR	PORATION 1-March 1 •	N ANNUAL Filing Fee: \$50.00	REPORT 1997		PLEASE R INSTRUCT BEFOR
FORM MUST BE TYPED IN BLA . Corporate ID No. 0051517	ACK) 2. Name of Corporati Yankee T	_			COMPLET
. Street Address Principal Business 682 Kingstown Ro	- 1 <u>1</u>		cny Wakefield	State R.I.	^{21p} 02879
. Business Phane No. (401) 789–9720			, Island		6. SIC Code
His Pescipion of the Characte	r of Business Conducted in	Rhode Island			
s. NAMES AND ADDRES resident Name Ann M. Adriano		CERS (*X* BOX FOR ATTA	CHMENT) Vice President Name Frances H. San	ders	
treet Address 103 Shumankanuc	: Hill Road		Street Address 2 Eban Slocum	Road	
Charlestown	State R.I.	^{Zip} 02813	^{Cin} Exeter	State R.I.	7.1p 02822
ecretary Name Frances H. Sand	ders	•	Treasurer Name Ann M. Adrianc	e	
treet Address 2 Eban Slocum I	Road		Street Address 103 Shumankanu	c Hill Road	
Exeter	State R.I.	21p 02822	Charlestown	State R.I.	02813
D. NAMES AND ADDRES Director Name Ann M. Adriance		CTORS ("X" BOX FOR A	TTACHMENT) Director Name Frances H. San	ders	
treet Address 103 Shumankanud	c Hill Road		Street Address 2 Eban Slocum	Road	
Charlestown	State R.I.	21p 02813	city Exeter	State R.I.	02822
Director Name	•		Director Name		
treet Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED AND ISSUED	X° BOX FOR ATTACHMENT		· -	
AUTHORIZED SHARES			ISSUED SHARES		

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

Number of Shares

200

	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
$C \subset C \subset$	that all statements contained herein are true and correct.
File Date:	ann Madrance 5/23/91
1387	Signature of Officer Date
Check No.:	ANN M. ADRIANCE
By:	Print or Typ Name of Officer
FOR SECRETARY OF STATE USE ONLY	1/651/1sur
	Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

PLEASE TYPE OR PRINT IN BLACK INK.



ANN H. ADRIANCE

Print or Type Name of Officer

PRESIDENT

Title of Officer

State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

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

2 NAME OF CORPORATION 1. CORPORATE ID NO YANKEE TRAVEL, INC. 51517 ZIP COOE 3 STREET ADORESS PROVOPAL BUSINESS OFFICE 02879 WAKEFIELD RI 682 KINGSTOWN 6 SIC CODE 5. STATE OF INCORPORATION 4. BUSINESS PHONE NO RHODE ISLAND 6635 401-789-9728 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND GENERAL TRAVEL AGENCY ADDRESSES OF THE OFFICERS PRESIDENT NAME VICE PRESTORATI NAME FRANCES M. SANDERS ANN M. ADRIANCE STREET ADORESS STREET ADDRESS 2 EBAN SLOCUM ROAD 103 SHUMAN KANUC HILL ROAD ZP 000E STATE ZIP CODE ary 02822 02813 EXETER RΙ __ .RI . _ ... CHARLESTOWN TREASURER NAME SECRETARY NAME FRANCES M. SANDERS FRANCES M. SANDERS STREET ADORESS STREET ADDRESS 2# COOE STATE ŽiP COD€ OORESSES OF DIRECTOR NAME FRANCES M. SANDERS ANN M. ADRIANCE STREET ADDRESS STREET ADDRESS 2 EBAN SLOCUM ROAD 103 SHUMAN KANUC HILL ROAD ZP CODE SIATE ZIP C00E 02822 EXETER 02813 RI CHARLESTOWN DIRECTOR NAME DIRECTOR NAME STREET ADDRESS STREET ADORESS STATE ZIP COOE SHARES AUTHORIZED AND ISSUED **AUTHORIZED SHARES** ISSUED SHARES HAIMBER OF SHARES MUMBER OF SHARES CLASS / SERIES PAR VALUE 6,000 SHS NO PAR VALUE 200 This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

For Secretary of State Use Only

File Date:

Check No:

Ву:

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1

File Annually – Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

THE FORM WILL I	SE KETOKMED.
	the form will b

all entries must be com			e year:		
Corporate ID:0051517_	· — — ·— ·	_ ////////////////////////////////////	- 7		
· · · · · · · · · · · · · · · · · · ·	YANKEE TRAVEL, INC.				
Name of Corporation:	the State of:	Business Entity is	(check one):		
for foreign entity, address and telephone nu	umber of principal office:	 [X] Business Corporation (See RIGL Chapter 7-1.1) Professional Service Corporation (See RIGL Chapter 7-5.1) 			
		Brief statement of	f the character of business conducte		
Shone: ()			AGENCY		
Address and telephone of the principal official of the principal official of the principal official of the principal of the p);		A AGENCI		
682 KINGSTOWN ROAD					
WAKEFIELD, RI 02879					
Phone: (401) 789-9728		- — — — — — — — — — — — — — — — — — — —			
	THE NAMES OF	THE OFFICERS AR	E:	71F CODE	
PRESIDENT	STREET	ADDRESS	CHARLESTOWN, RI	02813	
NN M. ADRIANCE		CANUC HILL ROAD	CHARLESTOWN, RI	ZIP CODE	
VICE PRESIDENT		TADDRESS	EXETER, RI	02822	
RANCES M. SANDERS	2 EBAN SLOCI	ADDRESS	CITY/STATE	7JF CODE	
SECRETARY	2 EBAN SLOC		EXETER, RI	02822	
RANCES M. SANDERS	STREE	TADDRESS	CITYSTATE	20 CODE	
		THE DIRECTORS A	DC.		
	THE NAMES OF	THE DIRECTORS A	CITYSTATE	ZUP CODE	
NAME	• • • • • • • • • • • • • • • • • • • •	KANUC HILL ROAD	CHARLESTOWN, RI	02813	
ANN M. ADRIANCE		T ADDRESS	CITYSTATE	02822	
FRANCES M. SANDERS	2 EBAN SLO	CUM ROAD	EXETER, RI	UZOZZ ZIP CODI	
HAME	STREE	T ADDRESS	CITYSTATE	. 20 0000	
NUMBER OF SHARES AUTHORIZED (R	ider may be attached)	NUMBER OF SHAR	ES ISSUED AND OUTSTANDING (F	ider may be attached)	
		Number of Shares	Class / Series	-	
Number of Shares Class /		200	N/A		
6000 N/	· A				
		İ	•		
		1.	\		
		Victoria I	XVIII		
Date7/7		RANCES M. SANDER			
	7RIMI 77 71117	OR TYPE NAME OF OFFICER SIGN TOP OFFICER SIGNING	NING		
Form 31 1/95	ESIGNATED REGISTERED		CE OF PROCESS:		
<u>D</u>	POTONALED ICEOTOTERED	velow is incorrect. Form 9	must be filed.	ET A CHURCING	
PLEASE NOTE: If the registered office	and/or registered agent indicated t	With a life meaning of a sum a	lauch.	- 14	

JUL 1 3 1995 By AMP 19 1,44177 MRGHRET A CHUROVCE ATTY AT LAW 11 CASWELLST WAKEFIERDIRG 02879 SPILISE DIM

Filimt Fée \$50.00 Payapie to Secretary of State

PLEASE TYPE or PRINT

File Annually LLC, Sept. 1 - Nov. 1 CORP, Jan. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Corporate ID:	0051517	Annual Report for the year	1994
Name of Business Entity.	Yankee Travel, Inc.		
···		Business Entity is (check one	
Business entity organized unde		- i	ation (See RIGL Chapter 7-1-1)
Federal Taxpayer Identification	: Numbe		rice Corporation (See RIGL Chapter 7-5.1)
	telephone number of principal office		Company (See RIGL 7-16)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name, title and mailing addre	ess of contact person to whom
···	·	communications may be dire	cted:
		Ann M. Adriance	
		652 Kingstown Ro	aci
Phone: ()			2879
Address and telephone of the p	innelpal office of business entity in Rhode	·	·
Island (Provide street address)	Net P.O. Box)	Brief statement of the charac	ter of business conducted in Rhode Island
682 Kingst	town Road	tra <u>vel agency</u>	<u> </u>
Wakefield	, RI_02879		<i>i</i>
		Date of Organization 20	1988
Phone: 401 1 789	9176	,	usiness in Rhode Island (if foreign entity):
Phone: <u>40 ()</u>	-1728	- Date of Quantication to do s	usiness in private island in investor entry /-
The state of the contract of t		OF THE OFFICERS ARE: (87 ADJRESS 50	S STATE 7 P CODE
Ann M. Adriance		Hill Road, Charlestown,	RI 02813
TOHER DEBRATISCOOP KLEOK	VICE PRESIDENT (ONA ON) STOR	ET ADDRESS C.:	TY/STATE ZIP CODE
·-Pessene W Comb	ESCRETARY (Cree, 2) Eban Slocum Roa	d Evoror 0 T 02822.	TYNTATE ZIP COR
Frances M. Sando		ad, Exeter, RJ 02822	TANKE ZJF COX
CHIEF FINANCIAL OFFICE OF			Fystatis Zircook
			<u></u>
Same		F THE DIRECTORS ARE:	130TA16 2.9C000
Ann M. Adriance		Hill Road, Charlestown,	
SAME		ET ADDRESS - J	TÝ STATE ZIŻ CODE
Frances M. Sande		ad, Exeter, RI 02822	TY/STATE 2.9 COD
NAMI	ZIKE	LT ADJRESS C	TINIAU
NUMBER OF SHARES AU	— ···	NUMBER OF SHARES ISSUE	D AND OUTSTANDING (If Applicable)
NUMBER -	6000	NUMBER	200
CF 166		: (*1.460	
CLASS	n/a	CLASS	n/a FILED
SERIES	n/a	SERIES	^{n/a} JUL 1 3 1995
		han wat tir on	JUL 1 J 1993
PAR VALUE OR WITHOUT PAR	n/a	PAR VALUE OR WITHOUT PAR	Ву
		YANKEE TRAVEL, () INC.	
0/	1 60		
Date	<u>∕</u>	/ Nauly Sthules	·
		FRANCES SANDERS	
	PRIN	CORTYPE YANG OF GENERALS ON NO	>
		VICE Mondent	
	iii	LIDE OF HEER SIGNING	
Fc= 31 1:94			
D	ESIGNATED REGISTERED OR RE	SIDENT AGENT FOR SERVICE	OF PROCESS: TO SE
	oration has changed its registered office and/		or Form LLC 3 must belied 10 12 20
	Y MARGARET A. LAURENCE		ラ温作 で き の
LAURENCI	E & IWCN	FILED	ω 17.8 m
	ELL STREFT	Liern	<u>표</u> 양양
WAKEFIE	LD, RI 02879	. JUL 1 3 1995	프 생살이
		, 502 13 1//6	_

riling Fee \$50.00	f Rhode Flatund	and Providence Plantal	To be filed annually between January 1st and March 1st
zrate u	CORPORA 100 NORTI	attu jotobruettee jotaittai Tions division H Main Street RIODE ISLAND 02903	TO THE
Corporate ID		Annual Report for the	vear 1993
•	corporation is	VANHEE TRAVEL The	
Piksi. The name of the	•	•	
SECOND: It is incorporat	ed under the laws of	RHODE ISLAND	
THIRD: Character of bus	iness, briefly stated, is		,,,
TRAVEL AGENCY A	ND RELATED SERVICE	es .	
		orincipal office	
rookin. It lotelgii corp	•	The part of the	
FIFTH: Business address	** ************************************		117 447-21 1114 471 447 214 17 142 7171 141 77
682 KINGSTOWN F	OAD, WAKEFIELD, RI	02879	
SIXTH: Names and address	esses of its directors and	d officers: Address (including nun	(Attach rider if necessary)
ANN M. ADRIANCE	Director	103 SHUMANKANUC HILL RO	DAD, CHARLESTOWN, RI 028
CHRISTINE SKALDEMARCO		105 CENTRAL STREET, NAM	RAGANSETT, RI 02882
FRANCES M. SANDERS		2 EBAN SLOCUM ROAD, EXE	TER, RI 02822
ANN M. ADRIANCE			DAD, CHARLESTOWN, RI 028
		ent 105 CENTRAL STREET, NAF	
FRANCES M. SANDERS		2 EBAN SLOCUM ROAD, FXF	_
SEVENTH: Number of SI	nares authorized:		Par Value or statement that
No. of Shares	Class	Senes	shares are without par value
6000	N/A	N/A	NO PAR VALUE
Eighth: Number of Sha	ires issued:		Par Value or statement that
No of Shares	Class	Series	shares are without par value
300	N/A	N/A	NO PAR VALUE
Dated 5/1	1099		
7a1cu	, 17 i/	(Name of Egyporation) B. Naistina Slaa Title VICE PRESID	L De marco
(Report must be signed	by an officer)	Title VICE PRESID	シ ア
orm 31 1785	-, ,		
			₹ [©] SE

MARGARET A. LAURENCE 11 CASWELL ST WAKEFIELD RI CO

FILED

JUL 1 3 1995 By 10MF#29 1.14177

Filing Fee \$50.00

Form 31 1/85

State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	51517	Annual Report for the	year 1992
First: The name of	the corporation is	YANKEE TRAVEL, Iz	٦ <u>٠</u>
SECOND: It is incorp	orated under the laws ofRho	ode Island	
THIRD: Character of	business, briefly stated, is Man	uel Agency	
FOURTH: If foreign of	corporation, address of its princ	cipal office	
FIFTH: Business add	ress in Rhode Island 682 K		
	South	Kingstown, RI	
SIXTH: Names and a	ddresses of its directors and of	ficers: Address (including nun	(Attach rider if necessary)
Ann M. Adriance	Director	103 Shumankanuc Hill F	
Christina Iaross	D:	682 Kingstown Rd., Wak	refield, RI 02879
Frances Saunders	Director	682 Kingstown Rd., Wak	efield, RI 02879
Ann M. Adriance	President	103 Shumankanuc Hill F	d., Charlestown, RI
	Vice President		•••••
	Secretary		
	Treasurer		
SEVENTH: Number of	of Shares authorized:		Par Value or statement that shares are without
No of Shares	Class	Series	par value
3000	N/A	N/A	no par
EiGHTH: Number of	Shares issued: Rec'd &	Flied APR 17 1992	Par Value or statement that
No. of Shares	Class 4/1//#6	Series	shares are without par value
300	3 770		
Dated 2/15		ankee Travel, Inc.	
	Ву	Minnes	
(Report must be sig	gned by an officer) Title	e Vice Presiden	<u>t-</u>

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

orporate ID0051517		<i>i.</i> V	the year1991
First: The name of the corpo		YANKEE TRAVEL,	Inc.
Second: It is incorporated up	nder the laws of	RHODE ISLAND	
THIRD: Character of business	, briefly stated, is	TRAVEL AGENCY	
FOURTH: If foreign corporati	on, address of its pr	incipal office	
FIFTH: Business address in R	hode Island682.	KINGSTOWN ROAD, WAKEF	IELD, RHODE ISLAND 02883
SIXTH: Names and addresses	of its directors and	Officers: Address (includ	(Attach rider if necessary)
NN M. ADRIANCE	Director	682 KINGSTOWN ROAD,	WAKEFIELD, RHODE ISLAND 028
	Director	106 CENTRAL STREET	#4, NARRAGANSETT, R.I. 02882
••••), EXETER, RHODE ISLAND 02822
•••••	Director		
	President		, WAKEFIELD, RHODE ISLAND 028
	Vice Preside	ent	
	Secretary		
	Treasurer		
SEVENTH: Number of Share	s authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value NO PAR VALUE
6,000.	NONE	N/A ;	NO PAR VALUE Par Value or statement that shares are without par value NO PAR VALUE
EIGHTH: Number of Shares	issued:	SEC'Y O	Par Value or statement that
No. of Shares	Class	Series Series	STATE par value
	NONE	N/A	NO PAR VALUE
Dated 2/26	19 9/	YANKEE TE	4
		By (EMM)	n adreance
(Report must be signed by	office-\	Title Preside	ent

Filing Fee \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	<u>.</u>	DE ISLAND 02500	he year1990
porate ID0051517	/ ······	Annual Report for t	ne year
FIRST: The name of th	e corporation is	YANKEE TRAVEL, Inc	
SECOND: It is incorpor	ated under the laws of	Rhode Island	
THIRD: Character of b	usiness, briefly stated, is		
Fourth: If foreign co	rporation, address of its pri		
FIFTH: Business addre	ss in Rhode Island 683	2 Kingstown Road, Wake	field , R.I. 02883
SIXTH: Names and ac	ldresses of its directors and	Address (Includi	(Attach rider if necessary)
Ann M. Adriance	Director		Wakefield, R.I. 02883
Christina Iarocci	Director	106.Central Street.	#4Nacragansett,R.I02
Frances M. Sanders	Director	.2. Eban Slocum Road	Exeter, R.I. 02822
Ann M. Adriance	President	••••	Wakefield, R.I. 02883
	Vice Presid	ent	······································
	Secretary		
	Treasurer		
Seventh: Number of	of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
6,000	None	n/a A	no par value
Eighth: Number of	Shares issued:	S&C.	no par value 1/6/15/199/ Par Value OF STATE Par value shares are without par value
No. of Shares	Class	Series	J'ATE par value
	None	N/A	no par value
Dated	19	YANKEE TRAVI	EL, INC.
		By ann	n advance

Yankee Mavel

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0051517		Annual Report for the	year
FIRST: The name of the corporation is		ACF	Associates, In	I .
Second: I	is incorporated under the la	ws ofRhode	Island	
THIRD: Ch	aracter of business, briefly sta	ated, istravel	agency	
Fourth: I	foreign corporation, address	s of its principal of	fice	
Fifth: Bus	iness address in Rhode Island	d1.1Ca	aswell Street, Wak	efield, RI 02879
Sixth: Na	nes and addresses of its direc	ctors and officers:	Address (including nu	(Attach rider if necessary)
Ann M. Adriano	e Dir	ector 5 Bal	ldwin Street, Narr	agansett, RI 02882
Christine Iaro	cci Dir	ector 106 C	Central St., #4, N	larragansett, RI 02882
Frances M. Sar	ders Dir	ector 2 Eba	an Slocum Road, Ex	eter, RI 02822
	Pre	sident		
	Vic	e President		
	Sec	retary	· •••	
	_	asurer		
Seventh:	Number of Shares authorized	i :		Par Value
No. of Shares	Class		Series	or statement that shares are without par value
6,000				No Par Value
Еіднтн: N	umber of Shares issued:		PAID	Par Value or statement that shares are without
No. of Shares	Class		SECY OF STATE	par value
-0-			SECY OF STAT	
Dated /h/m	L 1 19 89	ACF A	Associates, Inc.	
		By	4////L	,
(Report	must be signed by an officer)	Title.Marga	aret A. Laurence,	Incorporator
Form 31 1/85		,	· · · · · · · · · · · · · · · · · · ·	