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 2005

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

(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		City	State	Zip
682 KINGSTOWN RD		WAKEFIELD	RI	02879
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401.789.9728	RHODE ISLAND			6635

7. Brief Description of the Character of Business Conducted in Rhode Island
TRAVEL AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
ANN M. ADRIANCE					
Street Address			Street Address		
103 SHUMANKANUC HILL RD					
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813			
Secretary Name			Treasurer Name		
			FRANCES SANDERS		
Street Address			Street Address		
			2 ELBAN SLOCUM RD		
City	State	Zip	City	State	Zip
			EXETER	RI	02822

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
6,000 NO PAR VALUE	N/A	N/A	1000		

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

[redacted] [redacted]

FILED
File Date APR 07 2005
Check No. 19754
By
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Ann M Adriance
Signature of Officer *Date*

ANN M. ADRIANCE
Print or Type Name of Officer

Pres.
Title of Officer

Form 630 Rev. 12/03

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 2004

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

(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: 682 KINGSTOWN RD		City: WAKEFIELD	State: RI	Zip: 02879
4. Business Phone No: 401-789-9728	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 6635

7. Brief Description of the Character of Business Conducted in Rhode Island: TRAVEL AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
ANN ADRIANCE	103 SHUMANKANUC HILL RD	CHARLESTOWN	RI	02813

Vice President Name	Street Address	City	State	Zip
FRANCES SANDERS	10 EBAN SLOCUM RD	EXETER	RI	02822

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
ANN ADRIANCE	103 SHUMANKANUC HILL RD	CHARLESTOWN	RI	02813

Director Name	Street Address	City	State	Zip
FRANCES SANDERS	10 EBAN SLOCUM RD	EXETER	RI	02822

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
6,000	NO PAR VALUE	

11. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	N/A	N/A

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

[redacted]

51517

File Date _____

Check No. AUG 17 2004 #0189446

By: _____

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 8/16/04

Print or Type Name of Officer FRANCES SANDERS

Title of Officer VICE PRESIDENT

Form 630 Rev. 12/03

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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
* PLEASE READ *
INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 51517
2. Name of Corporation: YANKEE TRAVEL, INC.
3. Street Address Principal Business Office: 582 KINGSTOWN RD — City: WAKEFIELD — State: RI — Zip: 02879
4. Business Phone No.: 401-789-9728
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6635
7. Brief Description of the Character of Business Conducted in Rhode Island: TRAVEL AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: ANN ADRIANCE
Street Address: 103 SHUMANKANUC HILL RD
City: CHARLESTOWN — State: RI — Zip: 02813

Vice President Name: FRANCES SANDERS
Street Address: 10 EBAN SLOCUM RD
City: EXETER — State: RI — Zip: 02822

Secretary Name:
Street Address:
City — State — Zip:

Treasurer Name:
Street Address:
City — State — Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: ANN ADRIANCE
Street Address: 103 SHUMANKANUC HILL RD
City: CHARLESTOWN — State: RI — Zip: 02813

Director Name: FRANCES SANDERS
Street Address: 10 EBAN SLOCUM RD
City: EXETER — State: RI — Zip: 02822

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
6,000	NO PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	N/A	N/A

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: 6-16-03

Check No.: 17815

By: 2

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: 6/13/03

Frances Sanders
Print or Type Name of Officer

Vice President
Title of Officer

Form 630 12/02

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

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*

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
51517	YANKEE TRAVEL, INC.

3. Street Address Principal Business Office	City	State	Zip
682 KINGSTOWN ROAD	WAKEFIELD	RI	02879

4. Business Phone No.	5. State of Incorporation	6. SIC Code
4017899728	RHODE ISLAND	6635

7. Brief Description of the Character of Business Conducted in Rhode Island
TRAVEL AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
ANN ADRIANCE	
Street Address	Street Address
103 SHUMANKANUC HILL RD	
City: CHARLESTOWN / State: RI / Zip: 02813	City / State / Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
FRANCES SANDERS	
Street Address	Street Address
10 EBEN SLOCUM RD	
City: EXETER / State: RI / Zip: 02822	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,000	NO PAR VALUE		200	N/A	N/A

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

[redacted] *51517*

51517 DBC9/4/026:01:04 PM
File Date 9-6-02
Check No. 16897
By: 2n
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Ann M Adriance 9/5/02
Signature of Officer *Date*

PRESIDENT ANN ADRIANCE
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 51517
2. Name of Corporation: YANKEE TRAVEL, INC.
3. Street Address Principal Business Office: 682 KINGSTOWN ROAD — City: WAKEFIELD — State: RI — Zip: 02879
4. Business Phone No.: 401-789-9728
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6635
7. Brief Description of the Character of Business Conducted in Rhode Island: TRAVEL AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: ANN ADRIANCE
Street Address: 103 SHUMANKANUC HILL RD
City: CHARLESTOWN — State: RI — Zip: 02813

Vice President Name: FRANCES SAUNDERS
Street Address: 2 EBAN SLOCUM RD
City: EXETER — State: RI — Zip: 02822

Secretary Name:
Street Address:
City — State — Zip

Treasurer Name:
Street Address:
City — State — Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: ANN ADRIANCE
Street Address: 103 SHUMANKANUC HILL RD
City: CHARLESTOWN — State: RI — Zip: 02813

Director Name: FRANCES SAUNDERS
Street Address: 2 EBAN SLOCUM RD
City: EXETER — State: RI — Zip: 02822

Director Name:
Street Address:
City — State — Zip

Director Name:
Street Address:
City — State — Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
6,000 SHS	NO PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	N/A	N/A

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

[redacted] [redacted]

* 5 1 5 1 7 *

File Date: 3/8

Check No.: 14987

By: [redacted]

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.

Ann M Adriance
Signature of Officer — *Date*

ANN ADRIANCE
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/00

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

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 51517
2. Name of Corporation YANKEE TRAVEL, INC.

3. Street Address Principal Business Office: 682 KINGSTOWN RD
City: WAKEFIELD State: RI Zip: 02879

4. Business Phone No.
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6635

7. Brief Description of the Character of Business Conducted in Rhode Island
TRAVEL AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: ANN M. ADRIANCE
Street Address: 103 SHUMANKANUC HILL RD
City: CHARLESTOWN State: RI Zip: 02813

Vice President Name: FRANCES M. SANDERS
Street Address: 2 EBAN SLOCUM RD
City: EXETER State: RI Zip: 02822

Secretary Name
Street Address
City State Zip

Treasurer Name
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: ANN M. ADRIANCE
Street Address: 103 SHUMANKANUC HILL RD
City: CHARLESTOWN State: RI Zip: 02813

Director Name: FRANCES M. SANDERS
Street Address: 2 EBAN SLOCUM RD
City: EXETER State: RI Zip: 02822

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
6,000 SHS	NO PAR	VALUE

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	N/A	N/A

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

[redacted]

51517

[redacted]

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.

File Date: 5/16/00

Check No.: 13760

By: 2.

Signature of Officer — Date: 4/16/00

Frances Sanders
Print or Type Name of Officer

Title of Officer

FOR SECRETARY OF STATE USE ONLY

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

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 51517
2. Name of Corporation: YANKEE TRAVEL, INC.
3. Street Address Principal Business Office: 682 KINGSTOWN RD | City: SO KINGSTOWN | State: RI | Zip: 02879
4. Business Phone No.: 401-789-9728
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6635
7. Brief Description of the Character of Business Conducted in Rhode Island: TRAVEL AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: ANN M. ADRIANCE
Street Address: 103 SHUMANKANUC RD
City: CHARLESTOWN | State: RI | Zip: 02813

Vice President Name: FRANCES SANDERS
Street Address: 10 EBAN SLOCUM RD
City: EXETER | State: RI | Zip: 02822

Secretary Name
Street Address
City | State | Zip

Treasurer Name
Street Address
City | State | Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: ANN M. ADRIANCE
Street Address: 103 SHUMANKANUC RD
City: CHARLESTOWN | State: RI | Zip: 02813

Director Name: FRANCES SANDERS
Street Address: 10 EBAN SLOCUM RD
City: EXETER | State: RI | Zip: 02822

Director Name
Street Address
City | State | Zip

Director Name
Street Address
City | State | Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
6,000 SHS NO PAR VALUE	N/A	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2000	N/A	N/A

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

[redacted] * 5 1 5 1 7 *

File Date: 5-11-99
Check No.: 12660
By: AMF
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Ann McAdriance 5/10/99
Signature of Officer *Date*

ANN M. ADRIANCE
Print or Type Name of Officer

PRESIDENT
Title of Officer

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

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 PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 51517
2. Name of Corporation: YANKEE TRAVEL, INC.
3. Street Address Principal Business Office: 682 KINGSTOWN RD — City: SOKINGSTOWN — State: RI — Zip: 02879
4. Business Phone No.: 401-789-9728
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6635
7. Brief Description of the Character of Business Conducted in Rhode Island: TRAVEL AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: ANN M. ADRIANCE
Street Address: 103 SHUMAN KANUC HILL RD
City: CHARLESTOWN — State: RI — Zip: 02813

Vice President Name: FRANCES H. SANDERS
Street Address: 2 EBAN SLOCUM RD
City: EXETER — State: RI — Zip: 02822

Secretary Name: FRANCES H. SANDERS
Street Address: 2 EBAN SLOCUM RD
City: EXETER — State: RI — Zip: 02822

Treasurer Name:
Street Address:
City — State — Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: ANN M. ADRIANCE
Street Address: 103 SHUMAN KANUC HILL RD
City: CHARLESTOWN — State: RI — Zip: 02813

Director Name: FRANCES H. SANDERS
Street Address: 2 EBAN SLOCUM RD
City: EXETER — State: RI — Zip: 02822

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
6,000 SHS NO PAR VALUE	N/A	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	N/A	N/A

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

[redacted] * 5 1 5 1 7 *

File Date: 4.7.98
Check No.: 11037
By: 16D

[redacted] USE ONLY

[redacted]

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: 4/6/98

FRANCES H. SANDERS
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

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

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

STOP! PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0051517

2. Name of Corporation Yankee Travel

3. Street Address Principal Business Office 682 Kingstown Road — *City* Wakefield — *State* R.I. — *Zip* 02879

4. Business Phone No. (401) 789-9720

5. State of Incorporation Rhode Island

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island Travel Agency

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name Ann M. Adriance
Street Address 103 Shumankanuc Hill Road
City Charlestown — *State* R.I. — *Zip* 02813

Vice President Name Frances H. Sanders
Street Address 2 Eban Slocum Road
City Exeter — *State* R.I. — *Zip* 02822

Secretary Name Frances H. Sanders
Street Address 2 Eban Slocum Road
City Exeter — *State* R.I. — *Zip* 02822

Treasurer Name Ann M. Adriance
Street Address 103 Shumankanuc Hill Road
City Charlestown — *State* R.I. — *Zip* 02813

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name Ann M. Adriance
Street Address 103 Shumankanuc Hill Road
City Charlestown — *State* R.I. — *Zip* 02813

Director Name Frances H. Sanders
Street Address 2 Eban Slocum Road
City Exeter — *State* R.I. — *Zip* 02822

Director Name
Street Address
City — *State* — *Zip*

Director Name
Street Address
City — *State* — *Zip*

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
6,000	N/A		200		

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

[redacted]

File Date: 8.6.97

Check No.: 1287

By: IP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Ann Madriance 5/23/97
Signature of Officer — *Date*

ANN M. ADRIANCE
Print or Type Name of Officer

PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1–March 1
Filing Fee: $50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO: 51517
2. NAME OF CORPORATION: YANKEE TRAVEL, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 682 KINGSTOWN
CITY: WAKEFIELD
STATE: RI
ZIP CODE: 02879
4. BUSINESS PHONE NO: 401-789-9728
5. STATE OF INCORPORATION: RHODE ISLAND
6. SIC CODE: 6635
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: GENERAL TRAVEL AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: ANN M. ADRIANCE
STREET ADDRESS: 103 SHUMAN KANUC HILL ROAD
CITY: CHARLESTOWN
STATE: RI
ZIP CODE: 02813

VICE PRESIDENT NAME: FRANCES M. SANDERS
STREET ADDRESS: 2 EBAN SLOCUM ROAD
CITY: EXETER
STATE: RI
ZIP CODE: 02822

SECRETARY NAME: FRANCES M. SANDERS
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

TREASURER NAME: FRANCES M. SANDERS
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: ANN M. ADRIANCE
STREET ADDRESS: 103 SHUMAN KANUC HILL ROAD
CITY: CHARLESTOWN
STATE: RI
ZIP CODE: 02813

DIRECTOR NAME: FRANCES M. SANDERS
STREET ADDRESS: 2 EBAN SLOCUM ROAD
CITY: EXETER
STATE: RI
ZIP CODE: 02822

DIRECTOR NAME:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
6,000 SHS	NO PAR VALUE		200	N/A	NO

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.

Ann M. Adriance
Signature of Officer

ANN M. ADRIANCE
Print or Type Name of Officer

PRESIDENT
Title of Officer

4/1/96
Date

File Date: 8/16/96
Check No: 9151
By:

For Secretary of State Use Only

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
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0051517 Annual Report for the year: 1995

Name of Corporation: YANKEE TRAVEL, INC.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

682 KINGSTOWN ROAD
WAKEFIELD, RI 02879
Phone: (401) 789-9728

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

TRAVEL AGENCY

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT ANN M. ADRIANCE	103 SHUMAN KANUC HILL ROAD	CHARLESTOWN, RI	02813
VICE PRESIDENT FRANCES M. SANDERS	2 EBAN SLOCUM ROAD,	EXETER, RI	02822
SECRETARY FRANCES M. SANDERS	2 EBAN SLOCUM ROAD,	EXETER, RI	02822
TREASURER			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
ANN M. ADRIANCE	103 SHUMAN KANUC HILL ROAD	CHARLESTOWN, RI	02813
FRANCES M. SANDERS	2 EBAN SLOCUM ROAD	EXETER, RI	02822

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
6000	N/A	200	N/A

Date 7/7, 19 95

By: Frances Sanders
FRANCES M. SANDERS
PRINT OR TYPE NAME OF OFFICER SIGNING
VICE PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MARGARET A LAURENCE
ATTY AT LAW
11 CASWELL ST
WAKEFIELD, RI
02879

FILED
JUL 13 1995
BY
144177

Filing Fee $50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT

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

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

Corporate ID: 0051517 Annual Report for the year: 1994

Name of Business Entity: Yankee Travel, Inc.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: 050441082

For foreign entity, address and telephone number of principal office

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

682 Kingstown Road
Wakefield, RI 02879

Phone: 401 789-9128

Business Entity is (check one):

[xx] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Ann M. Adriance
682 Kingstown Road
Wakefield, RI 02879

Brief statement of the character of business conducted in Rhode Island:

travel agency

Date of Organization: 9/26/1988

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

[ ] CHIEF EXECUTIVE OFFICER OR [X] PRESIDENT (Check One)			
Ann M. Adriance	103 Shuman Kanuc Hill Road, Charlestown, RI 02813		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
[ ] CHIEF OPERATING OFFICER OR [X] VICE PRESIDENT (Check One)			
[ ] SECRETARY (Check One)			
~~Frances M. Sanders~~	~~2 Eban Slocum Road~~	~~Exeter, R.I. 02822~~	
Frances M. Sanders	2 Eban Slocum Road, Exeter, RI 02822		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
[ ] CHIEF FINANCIAL OFFICER OR [ ] TREASURER (Check One)			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Ann M. Adriance	103 Shuman Kanuc Hill Road, Charlestown, RI 02813		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Frances M. Sanders	2 Eban Slocum Road, Exeter, RI 02822		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	6000	NUMBER	200
CLASS	n/a	CLASS	n/a
SERIES	n/a	SERIES	n/a
PAR VALUE OR WITHOUT PAR	n/a	PAR VALUE OR WITHOUT PAR	

FILED
JUL 13 1995
By _____

Date: 9/1 1994

YANKEE TRAVEL, INC.

By: Frances Sanders

FRANCES SANDERS
PRINT OR TYPE NAME OF OFFICER SIGNING

Vice President
TITLE OF OFFICER SIGNING

Form 31 '94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

ATTORNEY MARGARET A. LAURENCE
LAURENCE & IWON
11 CASWELL STREET
WAKEFIELD, RI 02879

FILED
JUL 13 1995
By TME#29
,414177

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CORPORATIONS DIV.
'95 JUL 11 PM 3

Filing Fee $50.00

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

Corporate ID 000517 Annual Report for the year 1999

FIRST: The name of the corporation is YANKEE TRAVEL, Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is

TRAVEL AGENCY AND RELATED SERVICES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

682 KINGSTOWN ROAD, WAKEFIELD, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANN M. ADRIANCE	Director	103 SHUMANKANUC HILL ROAD, CHARLESTOWN, RI 02813
CHRISTINE SKALDEMARCO	Director	105 CENTRAL STREET, NARRAGANSETT, RI 02882
FRANCES M. SANDERS	Director	2 EBAN SLOCUM ROAD, EXETER, RI 02822
ANN M. ADRIANCE	President	103 SHUMANKANUC HILL ROAD, CHARLESTOWN, RI 02813
CHRISTINE SKALDEMARCO	Vice President	105 CENTRAL STREET, NARRAGANSETT, RI 02882
FRANCES M. SANDERS	Secretary	2 EBAN SLOCUM ROAD, EXETER, RI 02822
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
6000	N/A	N/A	NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	N/A	N/A	NO PAR VALUE

Dated 5/1 1999

(Name of Corporation)

By Christina Skaldemarco

Title VICE PRESIDENT

(Report must be signed by an officer)

Form 31 1995

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
MAY 18 3 11 PM '99

MAY

MARGARET A. LAURENCE
11 CASWELL ST
WAKEFIELD RI 02879

FILED
JUL 13 1999
By DMF#29
144177

Filing Fee $50.00

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

Corporate ID 0051517 Annual Report for the year 1992

FIRST: The name of the corporation is YANKEE TRAVEL, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Mauel Agency

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 682 Kingstown Rd.
South Kingstown, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Ann M. Adriance	Director	103 Shumankanuc Hill Rd., Charlestown, RI
Christina Iarossi	Director	682 Kingstown Rd., Wakefield, RI 02879
Frances Saunders	Director	682 Kingstown Rd., Wakefield, RI 02879
Ann M. Adriance	President	103 Shumankanuc Hill Rd., Charlestown, RI
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
3000	N/A	N/A	no par

EIGHTH: Number of Shares issued:

Rec'd & Filed APR 17 1992
AMT#29
24105

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300			

Dated 3/15 19 92

Yankee Travel, Inc.
(Name of Corporation)

By Frances Saunders

Title Vice President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

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

Corporate ID 0051517

Annual Report for the year 1991

FIRST: The name of the corporation is YANKEE TRAVEL, Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is TRAVEL AGENCY

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 682 KINGSTOWN ROAD, WAKEFIELD, RHODE ISLAND 02883

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANN M. ADRIANCE	Director	682 KINGSTOWN ROAD, WAKEFIELD, RHODE ISLAND 02883
CHRISTINA IAROCCI	Director	106 CENTRAL STREET #4, NARRAGANSETT, R.I. 02882
FRANCES M. SANDERS	Director	2 EBAN SLOCUM ROAD, EXETER, RHODE ISLAND 02822
ANN M. ADRIANCE	President	682 KINGSTOWN ROAD, WAKEFIELD, RHODE ISLAND 02883
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
6,000.	NONE	N/A	NO PAR VALUE

PAID
AUG 05 1991
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
	NONE	N/A	NO PAR VALUE

Dated 7/26 19 91

YANKEE TRAVEL, INC.
(Name of Corporation)

By Ann M Adriance

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $~~15.00~~ 20.

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 1990

FIRST: The name of the corporation is YANKEE TRAVEL, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is travel agency

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 682 Kingstown Road, Wakefield, R.I. 02883

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Ann M. Adriance	Director	682 Kingstown Road, Wakefield, R.I. 02883
Christina Iarocci	Director	106 Central Street #4, Narragansett, R.I. 02882
Frances M. Sanders	Director	2 Eban Slocum Road, Exeter, R.I. 02822
Ann M. Adriance	President	682 Kingstown Road, Wakefield, R.I. 02883
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
6,000	None	N/A	no par value

PAID
AUG 05 1991
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
	None	N/A	no par value

Dated ..... 19 .....

YANKEE TRAVEL, INC.
(Name of Corporation)

By Ann M Adriance

Filing Fee $15.00

Yankee Travel

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 1989

FIRST: The name of the corporation is ACF Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is travel agency

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 11 Caswell Street, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Ann M. Adriance	Director	5 Baldwin Street, Narragansett, RI 02882
Christine Iarocci	Director	106 Central St., #4, Narragansett, RI 02882
Frances M. Sanders	Director	2 Eban Slocum Road, Exeter, RI 02822
	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
6,000			No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
-0-			

PAID
MAR 21 1989
SEC'Y OF STATE

Dated March 1 19 89

ACF Associates, Inc.
(Name of Corporation)

By

Title Margaret A. Laurence, Incorporator

(Report must be signed by an officer)

Form 31 1/85