



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: **2019**  
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**

JAN 07 2019

BY

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1. Entity ID Number <b>001664195</b>		2. Exact name of the Corporation <b>AZORES AIRLINES VACATIONS AMERICA, INC.</b>			
3. Principal Office Address <b>211 SOUTH MAIN STREET</b>			City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02721</b>
4. NAICS Code <b>481111</b>		6. Brief description of the character of business conducted in Rhode Island <b>TRAVEL</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>ANTONIO L. GUSMAO TEIXEIRA</b>			Vice-President Name		
Street Address <b>AV. D. HENRIQUES, 55</b>			Street Address		
City <b>PONTA DELGADA</b>	State <b>PORTUG</b>	Zip	City	State	Zip
Secretary Name <b>WALTER FRAZE JR</b>			Treasurer Name <b>DUARTE CARREIRO</b>		
Street Address <b>345 NORTH MAIN STREET</b>			Street Address <b>211 SOUTH MAIN STREET</b>		
City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02720</b>	City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02721</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>ANTONIO L. GUSMAO TEIXEIRA</b>			Director Name <b>DUARTE CARREIRO</b>		
Street Address <b>AV. D. HENRIQUES, 55</b>			Street Address <b>211 SOUTH MAIN STREET</b>		
City <b>PONTA DELGADA</b>	State <b>PORTUG</b>	Zip	City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02721</b>
Director Name <b>VITOR MANUEL DE JESUS F. DA COSTA</b>			Director Name		
Street Address <b>AV. D. HENRIQUES, 55</b>			Street Address		
City <b>PONTA DELGADA</b>	State <b>PORTUG</b>	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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 <b>WALTER FRAZE, JR.</b>				Date <b>01/02/2019</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	