



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 9305  
 JOR

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  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. <i>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.</i>					
Name of Authorized Representative <b>WALTER FRAZE, JR.</b>				Date <b>01/02/2019</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov