



RI SOS Filing Number: 201987916960 Date: 2/26/2019 4:00:00 PM

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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 FEB 25 PM 12:52

1. Entity ID Number <b>59860</b>		2. Exact name of the Corporation <b>Nova Travel Agency, LTD.</b>			
3. Principal Office Address <b>175 Taunton Ave</b>		City <b>East Providence</b>		State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>561510</b>		6. Brief description of the character of business conducted in Rhode Island <b>To own and operate a travel agency.</b>			
5. State of Incorporation <b>RI</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>Olga C. Andrade</b>			Vice-President Name <b>Paul G. Bettencourt</b>		
Street Address <b>4 River St</b>			Street Address <b>197 Warren Ave</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>Paul G. Bettencourt</b>			Treasurer Name <b>Olga C. Andrade</b>		
Street Address <b>197 Warren Ave</b>			Street Address <b>4 River St</b>		
City <b>East providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</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>Olga C. Andrade</b>			Director Name <b>Paul G. Bettencourt</b>		
Street Address <b>4 River St</b>			Street Address <b>197 Warren Ave</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>400</b>		<b>Common</b>		<b>No Par Value</b>	
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>Olga C. Andrade</b>					Date
Signature of Authorized Representative <i>Olga C. Andrade</i>					<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.govFEB 26 2019  
BY *2R2EW*  
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