



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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2019 SEP 11 P 2:12

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.

1. Entity ID Number <b>0000151910</b>		2. Exact name of the Corporation <b>Sun Travel Agency Inc.</b>			
3. Principal Office Address <b>598 Warren 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>Selling Travel</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Maria Ferreira / AKA Lotty Ferreira</b>			Vice-President Name <b>Lamra Depina</b>		
Street Address <b>232 Don Ave</b>			Street Address <b>164 Smith Street</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>New Bedford</b>	State <b>MA</b>	Zip <b>02740</b>
Secretary Name <b>Melinda Gaudreau</b>			Treasurer Name <b>Lucilina Silva</b>		
Street Address <b>185 Maureen Circle</b>			Street Address <b>83 Benjamin Street</b>		
City <b>Mapleville</b>	State <b>RI</b>	Zip <b>02839</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
Changes require an additional filing.		<b>100</b>			<b>0.00</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.					
<b>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.</b>					
Name of Authorized Representative <b>Maria Ferreira</b>					Date <b>9/11/19</b>
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

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

SEP 11 2019  
 BY **J2735**  
 2:15  
 FORM 630 - Revised: 10/2017