



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

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

Annual Report for the year: 2018  
 Corporation

2019 SEP 11 P 2:12

- 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>0000 15190</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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Maria Ferreira AKA Lotty Ferreira</b>		Vice-President Name <b>Jamra Depino</b>			
Street Address <b>232 Don Ave</b>		Street Address <b>164 Smith St</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 Maurcen 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.		NUMBER OF SHARES <b>100</b>		CLASS/SERIES	PAR VALUE <b>0.00</b>
		Changes require an additional filing.			
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					

**FILED**

SEP 11 2019  
 BY **52735**  
**2:14**