



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

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CORPORATIONS DIV
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Annual Report for the year: **2019**
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------|------|-------------------------|---------------------|
| 1. Entity ID Number 856480 | | 2. Exact name of the Limited Liability Company Booked A Trip, LLC | | | |
| 3. NAICS Code 561510 | | 4. Brief description of the character of business conducted in Rhode Island Travel Agency | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 25 Hazelton Road | | City Barrington | | State RI | Zip 02806 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Martin A. Mejia | | Contact Title Manager | | | |
| Street Address 25 Hazelton Road | | City Barrington | | State RI | Zip 02806 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Martin A. Mejia | | Manager Name | | | |
| Street Address 25 Hazelton Road | | Street Address | | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| 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 Person Martin A. Mejia, Manager | | | | Date 10/17/19 | |
| Signature of Authorized Person  | | | | member | |

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

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