

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

Matthew A. Brown, Secretary of State

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illing Perlod: January 1 - FORM MUST BE TYPED OR PI		iling Fee: \$50.00					
. Corporate ID No.	2. Name of Corpon	ation	<u> </u>	_	<u>.</u>		
11643	TRAVEL OF	PYSSEY, INC.					
Street Address Principal Busine	7.	- · · · · ·	City	State	Zip		
	5 WARHING		LINCOLN	RI	02865		
. Husiness Phone No. 401 = 33 3 =05	-10	5. State of Incorporation			6. SIC Code 6635		
Brief Prescription of the Characa		RHODE ISLAND			0032		
TRAVEL AGENCY	•						
. NAMES AND ADDRESS	ES OF THE OFFICE	ERS: ("X" BOX FOR ATT	ACHMENT)	SPACES BEFORE USI	NG ATTACHMENTS		
President Name			Vice President Name				
MICHAEZ M.	<u>Cabral</u>	<u> </u>		111 17801			
irver Address FAIR WALL	s Drue		Sire Addies 1 Fain OAK	s Drive			
Lwan	State RA	7.ip 02865	Ciglincoln	State RL	02865		
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VENYCE A.	Johnson		MICHAEL L	1. CARRAL			
1 FAIN UMLC	Donn		Street Address L Fan OAKS Divus				
LINOW	State R T	02865	Ciny Lincoln	State 2	02865		
	ES OF THE DIRECT	IORS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE U	SING ATTACHMENTS		
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	1/13/05			
Check No	25333			
Ву:	DA			
FOR S	ECRETARY OF STATE USE ONLY			

Inder penalty of perjury, I declare and affirm that I have examined this report,
ncluding any accompanying schedules and statements, and that all statements
contained herein are true and correct.

Λ	-dillian
Signature e	f Officer

Signature of Officer	Date
MICHAEL-M-CARRAL-	·
n · · · · · · · · · · · · · · · · · · ·	

Print or Type Name of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

FOR SECRETARY OF STATE USE ONLY

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3. Street Address Principal Bus		10021, 1110.	City	State	Zip
	WASHINGTO		LINCOLN	RI	02865
Business Phone No.	0510	5. State of Incorporation			6 SIC Coxle
7. Brief Description of the Chai		RHODE ISLAND of in Rhode Island			<u>l 6635</u>
TRAVÉL AGENCY			_		
3. NAMES AND ADDRE President Name	SSES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) [FILL IN Vice President Name	SPACES BEFORE USIN	NG ATTACHMENTS
MICHAEL	M. CABRA	L	DENYCE	A. JOHNSO	001
FAIR OAK	_		Street Address	HKS DRIVE	
LINCOLN	State RI	zip 02865	CINCOLN	State	21p 02865
Secretary Name DENYCE A	GOZUHOZ.	S	Treasurer Name WICHAE	L M. CASR	AL
itreet Address 1 FALR OUL	S DRIVE		Since Address 1 FAIR OA	KS DRIVE	
LINICULA	State R	C2865	LINCOLN	State Q _	702865
	SSES OF THE DIREC	CTORS: ("X" BOX FOR A		IN SPACES BEFORE US	SING ATTACHMENTS
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Sirvet Address			Street Address		
City	State	Z(p	City	State	Zip
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This report mus	t be signed in ink by	either the President, Vice	President, Secretary, Assis	tant Secretary, Treasure	r, Receiver or Trustee
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ING(I FS) Print or Type Name of Officer

Title of Officer

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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DENYCE A. J	NOZNAO		MICHAEL M	y Cadeal	
LINCOLN Secretary Name	RI	02865	Treasurer Name	RI	02862
I FAIR OAKS	State	Zip	City FAIR OAK	State	Zip
MICHAEL M.	CABRAL		Street Address	4. JOHNSON	J .
B. NAMES AND ADDRESSE President Name	S OF THE OFFICER	S ("X" BOX FOR ATTACH)	Vice President Name	FORE USING ATTACHM	
7. Brief Description of the Character of	Business Conducted in Rhoo				
4. Business Phone No. 401/333- ©		5. State of Incorporation RHODE ISLAND			6. SIC Code 6635
3. Street Address Principal Business Off	j" Washing to	n HIGHWAY	Lincoln	RI	02865
11643	TRAVEL ODYSSE	EY, INC.	a.	Serve	Zip
FORM MUST BE TYPED OR PRINTED 1. Corporate ID No.	2. Name of Corporation				<u></u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 1 6 4 3 *	
File Date:	1-14-03	
Check No.:	23941	
Ву:	<u>a</u>	_
FOR SECRETARY	OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and chat all statements contained herein are true and correct.

Men Ch	<u> </u>	1	13	03	
ignature of Officer		Date			

- Lyle oll Market	~ ~~~		<u></u>
Signature of Officer	Date		
-MICHAEL-M. (PARRAL	•	

Print of Type Name of Officer

Title of Officer

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Form 630 12/02

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street. Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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City	State	Zip	City	State -	ZIO
LINGULN	KI	0286-5	Lincoln	Q.Z	ZIP 02.865
Secretary Name	4		Trenşurer Name		
Dinger	A. JOHNSE	XX	Nicusary.	4 CARRA	
Street Address	1		- C CC , C =		•
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Sity	State C -	Zip	City 1	State	Zip
LINIOLN	K.L	02865	uncola	MI	02865
	RESSES OF THE DI	RECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	71.	Clr.	•	. .
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Director Name		• .	Director Name		•
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Street Address			Street Address		
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date:	1-8-02	
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Check No.:	<u> </u>	
FOR SECRETARY	OF STATE USE ONLY	

Filing Period: January 1-March 1 • Filing Fee: \$50.00

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

(FORM MUST BE TYPED IN BLAC	K)				
1. Corporate ID No. 11643	2. Name of Corporation TRAVEL ODYS	SEY, INC.			
3. Street Address Principal Business O 622 GEDQGE 4. Business Phone No. 401 / 333 - 0 7. Brief Description of the Character o	ffice WASHING 510 F Business Conducted in Rhi	5. State of Incorpolation RHODE ISLAND	CILINCOLN	State	02865 6.863\$
EAVEL AG 8. NAMES AND ADDRESS	ENCY ES OF THE OFFICE	RS (*x* rox for attachs	MENT) FILL IN SPACES BEF	ORE USING ATTACHM	ENTS
President Name	.		Vice President Name		2
MICHAEL M	- CABRAL		DENYCE A.	JOHNSON	
1 FAIR OAKS	DRIVE		/	DRIVE	
City LINCOLN Secretary Name	State	²¹⁹ 02865	LI NCOLN Treasurer Name	R I	zi, 02865
DENYCE A.	NEZUHOT		MICHAEL M	. CABRAL	
Street Address \ 1 FOND FOLKS	Drive		Street Address	DRIVE	
LINCOLN	State RI	02865	Lincoln	State	02865
9. NAMES AND ADDRESS. Director Name	ES OF THE DIRECT	ORS (*x* box for attac	CHMENT) FILL IN SPACES BI Director Name	EFORE USING ATTACH	MENTS
Street Address	•		Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 1 6 4 3 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
File Date:	2/16	that all statements contained herein are true and correct. 21128 200
Check No.:	22618 -	Signature of Officer . Date MICHAEL M. CABRAL
By:FOR SECRETARY	Y OF STATE USE ONLY	Print or Type Name of Officer PRESIDENT Title of Officer

accompanying schedules and statements, and gin are true and correct.



622 GEDERE WASHINGTON HIGHWAY

2. Name of Corporation
TRAVEL ODYSSEY, INC.

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

1. Corporate ID No. - 11643

Check No.:

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

LINCOLN



02865

4. Business Phone No.	3	3. State of Incorporation RHODE ISLAND			6. SIC Code 6635
40 / 333 - C 7. Brief Description of the Characte)510 or of Business Conducted in		· • · · · ·		222
TRAVEL A					
8. NAMES AND ADDRES		CERS (*X* BOX FOR ATTACH	MENT) ' FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
President Name	1	·	Vice President Name	A 7	
MICHAEL	M-CABR	YAL	DENYCE	A. JUHN	SUN
1 FAIR OAK	CS DRIVE		Street Address	AKS DEWE	
City ,	State State	Zip	1 FAIR O	State	Zip
LINCOLN	RI	02865	LINCOLN	・らア	02865
Secretary Name	- 		Treasurer Name		
	Joha son.		MICHAE	L M. CABINA	
Street Address	Drive		Street Address	CAKE Drove	ø
1 LAIN GAILS	State	Zip	Clay	State	- Zio
Linicoln	RT	02865	LINCOL	NIRT	C2865
9. NAMES AND ADDRES	SSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPA	CES BEFORE USING ATT	TACHMENTS
Director Name			Director Name		
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This report must be sign	·	er the President Vice F	President Secretary A	ssistant Secretary Trea	surer Receiver or Truste
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		■ I •	Under penalty of	perjury, I declare and affi.	rm that I have examined
•		•	- -		hedules and statements, and

Print or Type Name of Officer

Title of Officer



FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BLAC					
1. Corporate ID No. 11643	2. Name of Carporation TRAVEL ODY	SSEY, INC.		···	
3. Street Address Principal Business O			City	State	Zip
	WASHING	ION HWY	LLINCOLN		02865
4. Business Phone No. 401 /333-05	510	S. State of Incorporation RHODE ISLAN	D		6. SIC Code 6835
7. Brief Description of the Character of RAVEL A	of Business Conducted in Rh	ode Island			
8. NAMES AND ADDRESS		RS ("X" BOX FOR ATTACH	IMENT) (I FILL IN SPACES BI	FORE USING ATTAC	HMENTS
President Name			Vice President Name		
MICHAEL M.	_		Street Address	-JOHN20N	
1 FAIR CAKS	Drive		1 FAIR OAK	f	,
LINGLN	Sinte	02865	LINCOLN	State RI	02865
Secretary Name DEMCE_A.	JOHNON		Treasurge Name MICHAPL	4. OBBRAL	-
Street Address 1 FAIR CAK	<u>`</u>		Sireet Address 1 AIR CATU	7	
CITLINGULN	State T	210 2865	CITY LINCOLN	State	02865
9. NAMES AND ADDRESS	ES OF THE DIRECT			BEFORE USING ATT	ACHMENTS .
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	1	· I · · · · · · · · · · · · · · · · · ·	Director Name		
Street Address		··	Sirect Address		· · · · · · · · · · · · · · · · · · ·
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* 1	1 1 6 4 3	*			n that I have examined
	·nn ^ -	• 4	this report, including that all statements cor		edules and statements, and and correct.
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Ву:	707.		Print of Type Name of Offic	· ,	



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

2. Name of Corporation

TRAVEL ODYSSEY, INC.

1. Corporate ID No.

11643

. Street Address Principal Business Of	Tice	•	City	State	Zip
622 GEORGE WAS	HINGTON HIGH	5. State of Incorporation	LINCOLN	SI	02865 6. SIC Code
401 / 333 -05 Brief Description of the Character of	f Business Conducted in Rho	RHODE ISLAND			6635
. NAMES AND ADDRESSE		TRAVEL AGEN IS ("X" BOX FOR ATTACHN	MENT)		
resident Name MICHAEL M · treet Address	CABRAL		DENYE A. Jot Street Address	uozun	
1 FAIR DAKS	DR.	Zip	1 FAIR OAKS	DR State	Zip
ecretary Name	50	02865	LINCOLN Treasurer Name	RI	02865
DENYLE A J	OHUSON		MICHAEL M.C.	PABRAL	
1 FAIR OAKS	270		1 Finite Oaks		
Lincoln	State D	²¹⁹ 02865	Lwah	State RI	^{zip} 02865
NAMES AND ADDRESSI	ا وري. FS OF THE DIRECT	_	, -	ICT.	02565
Director Name	cs of the bikeer	ORS I A BOX FOR ATTAC	Director Name		
treet Address			Street Address		
Elty	State	Zip	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
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O. SHARES AUTHORIZED	(*X* BOX FOR ATTACH!	MENT)	11. SHARES ISSUED (*X*.	BOX FOR ATTACHMENT)	
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his ranget must be stans	A in ink hu sither	the President Vice D	resident Secretary Assista	nt Secretary Treasures	· Receiver or Tr

rustee

	* 1 1 6 4 3 *	
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Check No :	124103	
Ву:	JUX M	
FOR SECRETARY C	F STATE USE ONLY	

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.

Signature of Officer

MICHAEL M. CABRAL Print or Type Name of Officer

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

riing reriou: junut	iry 1-march 1 • 1	Tiling Fee: \$50.00			BLIORE
(FORM MUST BE TYPED IN	BLACK)				BELORE COMPLETE THIS LOR
1. Corporate ID No. 11643	2. Name of Corporation TRAVEL OD				
3. Street Address Principal Bush	ness <i>office</i> ge Washington	Hwav	City Lincoln	State RI	zip 02865
1. Business Phone No.	ge nashington	5. State of Incorporation	Hincom	KI	6. SIC Code
401/333-	acter of Business Conducted in I	RHODE ISLAND			6635
B. NAMES AND ADDR	RESSES OF THE OFFIC	ERS ("X" BOX FOR ATTACHM	IENT) Vice President Name		
Michael .	M. Cabral		Denyce A. J	ohnson	
1 Fair O	aks Drive	Zip	1 Fair Oaks	Drive State	Zip
Lincoln Secretary Name	RI	02865	Lincoln Treasuree Name	RI	02865
Denyce A	. Johnson		Michael M. Street Address	Cabral	
1 Fair O	aks Drive State	Zip	1 Fair Oaks	Drive State	7.1p
Lincoln 9. NAMES AND ADDR Director Name	RI RESSES OF THE DIREC	02865 CTORS ("X" BOX FOR ATTAC	Lincoln HMENT) Director Name	RI	02865
Street Address			Street Address		
City	State	Zip	City	State	Zip
Olrector Name			Director Name	••	•
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City	State	Zip	City	State	Zip
10. SHARES AUTHORI AUTHORIZZO SHARES	IZED AND ISSUED (*x	* BOX FOR ATTACHMENT)	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Volue
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 1 6 4 3 *
File Date:	12/97
/ Check No.:	19095
Ву:	KO
FOR SECRETARY O	F STATE USE ONLY

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.

No Par

Date Michael M. Cabral, President 12/21/96

Pripage Type Name of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



Print or Type Name of Officer

Title of Officer

State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1 Filing Fee: \$50.00

Ву:

For Secretary of State Use Only

		PLEASE TYPE OR P	RINT IN BLACK INK.		
, CORPORATE IO NO.	2. NAME OF CORPORATION				
11643	TRAVE	L ODYSSEY, INC.	1 anv	STATE	72P CODE
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THE LINCO	IN MALL	5 STATE OF INCORPORATION	LINCOLN	5I	6.9C 000E
(401) 333-09	510	RHODE IS	LAND	16635	
BRILL DESCRIPTION OF THE CHARACTER OF		E ISLAND			i
TRAVEL AGE		MES AND ADDR	ESSES OF THE OF	FICERS	
PRESIDENT HAVE			VICE PRESIDENT NAME	<u> </u>	
MICHAGL M.	CABRAL	· · · · · · · · · · · · · · · · · · ·	DENYCE A	4. JOHNSON	<u> </u>
I FAIR DAK		•	I FAIR DA	ES DR.	1
Lwwh	STATE	0 286 2	LINOW	STATE	02865
DENYCE A.	JOHNSON		TREASURER NAME MICHAEL M	1. CABRAL	
1 FAVL DAK	, De.		STREET ADDRESS	ics Do	
Lincoln	STATE	02865	1 LINOW	STATE	02865
	9 . N /	MES AND ADDR	ESSES OF THE DII		
DIRECTOR NAME			DIRECTOR HAME		ļ
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DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS		 	STREET ADDRESS		
OTTY	STATE	i ZIP CDOE	div	STATE	ZIP CODE
-			1		J. Sall
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			NED IN INK by either the		
Pres	sident, Vice Presi	dent, Secretary, Assist	tant Secretary, Treasurer,	Receiver or Truste	•
			Under penalty of report, including	perjury, I declare and a	affirm that I have examined this edules and statements, and that
· . T	10		all statements co	ntained herein are true	and correct.
File Date:	3/46		Yells all Signature of Office	ulluski er	<u> </u>
Check No:	1743		MICHAE	L M. CAT	BRAL



Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040 401-277-3040

LINCOLN-MALL, ROUTE-116

RI 02865

LINCOLN

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

O011643 Corporate ID:	Annual Report for the year:	
TRAVEL ODYSSEY, I	·	
Name of Corporation: Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principal office:	Business Entity is (check one): [Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)	
Phone: (401) 333 - 0510 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):		
622 GEORGE WASH NGTON HNY, ROUTE 116 LINCOLN MALL LINCOLN RE Phone: 401 333-0570		
	ES OF THE OFFICERS ARE: STREET ADDRESS CHYSTATE	
\sim .	STREET ADDRESS CITY/STATE 0 286 STREET ADDRESS CITY/STATE	ZIP CODE
VENYCE A. JOHNSON 1FAIR OAK	2 - 2 - 2 - 2 - 2 - 2 - 2	
NEWWE & JOHNSON 4	STREET ADDRESS CITY/STATE	ÎZ₽Î <mark>COD</mark> I L
TREASURER TO THOSOIR	STREET ADDRESS CITY/STATE	ZIP CODI
MICHAEL M. CABRAL "		11
NAME THE NAMES	S OF THE DIRECTORS ARE: STREET ADDRESS CITYANIATE	ZIP COD
		ZIP COD
NAME	STREET ADDRESS CITY/STATE	ZIPCOD
NAME	STREET ADDRESS CITY/STATE	ME COD
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be atto	ached)
Number of Shares Class / Series	Number of Shares Class / Series	
1000 Connon -	coo Connon	
Date 12(23 , 19 94	By: W. challed Olan, prender	<u> </u>
	PRINT OR TYPE NAME OF OFFICER SIGNING MICHAEL M. CABRAL	
Form 31 1/95	RED AGENT FOR SERVICE OF PROCESS:	
PLEASE NOTE: If the registered office and/or registered agent indic		
MICHAEL M. CABRAL	- FILED	
<u>MANUEL CARRAL</u> IR TRAVEL ODYSSEY, INC.	- Company	

ling Fec \$50.00 iyable to: cretary of State

State of Rhode Island and Providence Plantations 5000 CORP: Jan. 1 - March 1

Office of The Secretary of State 100 North Main Street

, and the second	100 North Main Street	ng.1335		\ \
•	Rhode Island UZS	00-1000	الارادان	\
	4111-211-00-0		1994	
0011643	Annual Reg	nort for the year:		1
Corporate ID:		VEL ODYSSEY,	INC.	
_orporate to:	1 KA			
Name of Business Entity:				
		ess Entity is (check one):	Con PIGL Chapter 7	4.1)
of the State of	<u> </u>	X Business Corporat	ion (See RIGL Chapter 7 ce Corporation (See RIGI	L. Chapter 7-5.1)
Business entity organized under the laws of the State of		[] Professional Servi	ion (See RIGL Chapter // ce Corporation (See RIGI Company (See RIGL 7-1)	6)
Coderal Taxnaver Identification Number		[] Limited Liability	Company (Out	hom
For foreign entity, address and telephone number of pr	rincipal office:	and mailing addre	ss of contact person to	
For foreign entity, address and telephone		minications may be are		
		NICHAEL M.C	ABRAL	-1-V 7V1
			TRAVEL ODYS	<u> </u>
			TRAVELODYSS	
		HELINCOLN M	2065	
Phone: ()		INCOLNIC		a to Physic Island:
Address and telephone of the principal office of busing Not P.O. Box):	ness entity in Rhode	f restament of the chara	cter of business conducted SERVICE	TO GEN PUBLIC
Address and telephone of the principal office of Island (Provide street address - Not P.O. Box):			-4 +	10 64
Island (Provide street address - Not 1877)	\	RAVEL AGUIS	SOULLES.	70
Boute 116		ravel agging Exervations S	business in Rhode Islan	Æ
THE LINGUL MALL		or Organization:	11/2/12/	Last foreign entity):
LINCOLN , RT 02865		nte or ore:	business in Rhode Islan	d (II torois.
LINCOLN IN 1 0280=		ate of Quantication to		
Phone: (401) 333 - 0510				
PHONE:		TOURS ARE:		XID CODE
	THE NAMES OF THE OF	FFICERSAND	CITY/STATE	02865
CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check O	THE NAVIES OF STREET ADDRESS	LINCOLI	V RI	NIB CODE
CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check OF MICHAEL M. CABRAL CHIEF OPERATING OFFICER OR DEVICE PRESIDENT COMMENTS OF TOWARD OF TOWA	DNE FAIR DAILS WILL LODRESS		CITAVELYIN	ZIP CODE
MICHAEL W. CHASTOE PRESIDENT CO	heck One)		CITY/STATE	
CHIEFOPERATING OF ICENTED	STREET ADDRESS		1	// ZIP COD
DENYCE A. JOHNSON CUSTODIAN OF RECORDS OR DE SECRETARY, Check O	ine)		CHYSTATE	11
ABILL A JOHNSON _	STREET ADDRESS			
CUSTODIAN OF RECORDS ON COMMISSION CHIEF FINANCIAL OFFICER OR BY TREASURER (Check	(One) /			X8, CO
MICHAEL M. CABRA	WES OF THE D	IRECTORS ARE:	CITY/STATE	
	THE NAMES OF STREET ADDRESS	5		Nibra
NAME			CITYSTATE	
	STREET ADDRES	iS		7JP C
NAME			CSTY/STATE	
	STREET ADDRES	22		
NAME			LICELIED AND OUTST	ANDING (If Applicable)
		NUMBER OF SHARES	S ISSUED AND OUTST.	
NUMBER OF SHARES AUTHORIZED (IF	Applicable)			
NUMBER OF STREET		NUMBER /00	-	
NUMBER /000	\	21.15	MON	
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CLASS SommON	ļ	ecul66		
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WITHOUT PAR NO 6772		, nx		
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.4	A.A Re-	AACK-	** ** ***	1

State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0011543	Annual Report for the year	ar <u>1</u> 993
First: The nam	e of the corporation is	TRAVEL ODYSSEY, INC	
	corporated under the laws of er of business, briefly stated, is	PHODE ISLAND TRAVEL AGENCY	
FOURTH: If fore	ign corporation, address of its	principal office	
FIFTH: Business	address in Rhode Island		
Nam	and addresses of its directors are	nd officers: Address (including number	(Attach rider if necessary)
	Director Director		
MICHAEL M. CA DENYCE A. J		ONE FAIR CAKS DR, LINCOL dent ONE FAIR CAKS DK, LINCO	
DENYCH A	_	ONE FAIR DAISDA, LINEW	
	CAURAL Treasurer	•	•
SEVENTH: Num	ber of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000	Coneseco	•"## / /	No PAR
EIGHTH: Number	er of Shares issued:	FED 0 5 1393	Par Value or statement that shares are without
1000	Common	ochta	No Pan
Dated #53 7,	19 <u>13</u>	TRAVEL ODYSSEY, TWC. (Name of Corporation) By Walland W. Shu	2
(Report must	be signed by an officer)	Title President	_

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0011643	Annual Report for the year	r1992
FIRST: The name	of the corporation is	TRAVEL DOYSSEY, 1	NC
SECOND: It is inco	orporated under the laws of	GODE ISCAND	
THIRD: Character	of business, briefly stated, is	TRAVEL AGENCY	
FOURTH: If foreig	gn corporation, address of its princ	cipal office	
FIFTH: Business a	ddress in Rhode Island		
SIXTH: Names an	nd addresses of its directors and of	Ficers: Address (including number,	(Attach rider if necessary)
	Director		
	Director		······
	Director		
MICHAEL M.C	ABCAL President	ONE FAIR CAKS, LINCOLA	J. RT 02865
DENYCE A. JOH	WSON Vice President	ONE FAIR DAKS DRIVE, L.	NCOLN, RI 02865
Dayce A. Joh	+NSON Secretary	ONE FAIR DONES DRIVE IL	Mcoln, RI 82865
MICHAEL M.		ONE FAIR DAKS DOLUB, L	INCOLN, RI 02865
Seventh: Number	er of Shares authorized:	• • • • • • • • • • • • • • • • • • •	Par Value
No. of Shares	Class	Scree AID	or statement that shares are without par value
1000	Common	APR 2 8 1992	NO PAR
		SEC'Y OF STATE	
Eіднтн: Numbei	r of Shares issued:	020	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000	Common		NO PAR
Dated MARCH 1	19 92	TRAVEL DOYCSEY, IN	<u>-</u>
 .	By.		
	-9.	0 ~ 2	7

(Report must be signed by an officer)

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

19	4)	5
14	-1/	1

Corporate ID 00	11643	Annual Report for the	year 1991
FIRST: The name of	of the corporation is IRAVE	LODYSSBY, ITC	.
SECOND: It is incor	porated under the laws of A	fodë Island	
THIRD: Character of	of business, briefly stated, is/.	rows Aservey	
FOURTH: If foreign	corporation, address of its princ	ipal office	
FIFTH: Business add	dress in Rhode Island		
SIXTH: Names and	addresses of its directors and off	ICETS: Address (including nu	(Attach rider if necessary) mber, street, zip code)
	DirectorDirector		
	Director		
MiCHAEL M. CABI	eal President	1 FAM CANS DRIVE, L	incide, ex orece
DENYCE A. JOH	NS ON Vice President	1 Foris Osics Dury.	Levan, 12 02865
DANYES A. JOH	MCON Secretary	1 Frans Osnes Dance	LINGON, AT OZEGS
Micoral M. Ci	Treasurer	1 Fran Ona Dru,	CNOWN, RIOZEES
SEVENTH: Number	of Shares authorized:	_	Par Value or statement that
No. of Shares	Class	P A ! D Series	shares are without par value
1600	Coxum	Apple Resid	No-Par
		SECT OF STATE	
Eighth: Number of	of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000	Connon		No PALL
Dated Mon	19	TRAUL DOYSKY IN	2_
- · · · ·	Ву	Al en Old Ten	
(Report must be	signed by an officer) Title	: Prembio	

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID.	0011643	•••••	Annual Report for the	e year 1990
First:	The name of the o	corporation is	TRAVEL ODYSSEY, INC	
SECOND:	It is incorporate	ed under the laws of	RHODE ISLAND	
Third:	Character of busi	ness, briefly stated, is.	TRAVEL AGENCY	······································
Fourth:	If foreign corpo	ration, address of its p	principal office	
Г ІГТН:	Business address i		E LINCOLU MAU , ROUTE	: N L
••••••	• • • • • • • • • • • • • • • • • • • •	<u>l</u>	incoln, RI 02865	
Sixth:	Names and address	sses of its directors and		(Attach rider if necessary) umber, street, zip code)
•••••	•••••	Director	•••••	•••••
•••••		Director		••••••
*	•••••	Director		
MICHAEL	M. CABRAL	President	ONE FAIR OAKS DRIV	E Linkolu RI 02865
DENYCE A	JOHNSON	Vice Presid	ent ONE FAIR DAKS DRIVE	· · · · · · · · · · · · · · · · · · ·
Λ, ,	A JOHNSON	Secretary		E LINXON, RI 0286
•	L. M. CABRAL			WE, LNOW, RI 02865
Seventh:			ON.OI.MROGMPMA	,
		res authorized;		Par Value or statement that shares are without
No. of Shar	res	Class	Series	par value
1000		Common		NOPAR
Еіснтн:	Number of Share	es issued:	PAID	Par Value
			FEB 1 2 19	or statement that shares are without
No. of Shar		Class	Series OEOV, OF S	TATE: par value No Para
1000		Conemon	(34-80-77)	Nothe
Dated JA!	NUARY 31	19 .90	TRAVEL ODYSSEY,	
· ——			(Name of Corporation)	<u> </u>
		I	By Whelian IV (Shan	
(Кср	port must be signed by	y an officer)	Title PRESIDENT	······································

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

و به به		E, RHODE ISLAND 02903		$\omega \nu$
orporate ID001	11643	Annual Repo	ort for the year1989	······
FIRST: The name	of the corporation is	TRAVEL ODYSSE	EY, INC.	•••••••••••••••••••••••••••••••••••••••
SECOND: It is inco	orporated under the laws o	fRhode Island.		
THIRD: Character	of business, briefly stated,	isTravel Agency	······	
Fourth: If foreign	n corporation, address of it	s principal office	······································	
FIFTH: Business ac	dress in Rhode Island	The Lincoln Mall, ro	oute 116	
	•••••	Lincoln,RhodeIslan	d 02865	
SIXTH: Names and	addresses of its directors of one		(Attach (including number, street, zip cod	rider if necessary
•••••••••••••••••••••••••••••••••••••••	Director	•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••
······	Director		•••••	••••••
••••••	Director		•••••	
.Michael M. Cabral	Presiden	t .OneFairOaks[Drive,Lincoln,RI02	865
Denyce A. Johnson	Vice Pre	sident One Fair Oaks I	•	
	Secretary		Drive, Lincoln, RL	
.MichaelMCabral.	Treasure	r .OneFairOaksf	Drive, Lincoln, RL 0	2865
Seventh: Number	r of Shares authorized:		Par V	
No. of Shares	Class	Series	or statem shares are par v	without
1000-	Common		No 1	Par
Еіднтн: Number o	of Shares issued:		Par V	
No. of Shares	Class	Series	or statem shares are falls par v	without
1000	Common		No 1	
P. 1	1000	O.	1989	
ated February 15,	198919	(Name of Corporation)	SEY, 'INO37	**************
· ·	·	·	1-(J.)	
		By Chiedran M		

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

First:	T1 6.1		•••••	Annual Report	or the year	.988
· • • • • • • • • • • • • • • • • • • •	the name of the	ne corporation is	TRAVEL	ODYSSEY, IN	C.	•••••
SECOND:	It is incorpo	rated under the lav			Island	
THIRD:	Character of b					
Fourth:	If foreign co	rporation, address	of its principal of	office		•••••
		ss in Rhode Island	The Li	ncoln Mall,	Route 116 land 02865	• • • • • • • • • •
Sixth: 1	Names and add	dresses of its direct			(Attach rider if ne uding number, street, zip code)	
•••••••••••••••••••••••••••••••••••••••	••••••••••••	Dire	ctor	•••••		
•••••••••	***************************************	Direc	ctor	••••••		
• • • • • • • • • • • • • • • • • • • •	••••••	Direc	ctor	***************************	······································	
Michael	MCabral	Presi	dentOne	FairOaksI	Or.,Lincoln, RI 028	3.6.5
Denyce.A.	Johnson	Vice	PresidentOne	Fair Oaks I	Or., Lincoln, RH 02	28.6.5
DenyceA.	Johnson	Secre	etaryOne	FairQaksI	Dr. Lincoln, RI 02	28.6.5
Michael N	M. Cabral	Treas	surer One	Fair Oaks I	Or., Lincoln, RT 02	2865
SEVENTH:	Number of	Shares authorized:	<u>.</u>		Par Value Or statement that	
No. of Share	ట	Class		PSAID	shares are without par value	
1000		Common	F	EB 2 2 1988	No Par	
			SEC	Y OF STATE		
Еіднтн:	Number of S	nares issued:			Par Value or statement that shares are without	
	cs	Class Còmmon		Series	par value No Par	

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID11643		Annual Report for	the year1987
FIRST: The name of	f the corporation isTRA	VEL.ODYSSEY,INC	
SECOND: It is incorp	porated under the laws of	Rhode Island	
THIRD: Character o	f business, briefly stated, is	TRAVEL AGENCY	
FOURTH: If foreign	corporation, address of its	principal office	
FIFTH: Business add	ress in Rhode Island THE	E LINCOLN MALL	
••••	Li	ucoln, RI 028	65
SIXTH: Names and a	addresses of its directors an		(Attach rider if necessary)
	Director		
	Director		
······	Director		
MICHAEL M. CABO	President	ONE FAIR DAKS	DR, LINCOLVI RI 02865
DENYCE A. JOHN	Vice Presid	lent ONE FAIR DAKS	De. LINCOLN, RI 02865
DEMCE A. JOH	USON Secretary	ONE FAIR DANS ?	DR. LINCOLN. RI OZ865
MICHAEL M. CA	GRAL Treasurer	ONE FATIR BAKE I	n Lincoln RI 02865
	of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class Class	Series	par value
7 000	Common		Notal
Еіснтн: Number of	Shares issued:	PAID	Par Value
No. of Shares	Class AF	PR U3 1931 Series	or statement that shares are without par value
/00Û	CommonSEC	Y OF STATE APR 08	19 No PAR
Dated Mancet 1	19 <i>£7</i>	TRAVEL ODYSSE (Name of Corporation) By Welseles	July -
(Report must be sign		Title President	

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID 11643	·····		Annual Report fo	r the year 1986
FIRST: The name of	the corporation is.	TRAVEL O	DYSSEY, INC.	······································
SECOND: It is incorp	orated under the la	ws of	Rhode Island	<u> </u>
THIRD: Character of	business, briefly st	ated, is	Travel Agency/	Travel Services
FOURTH: If foreign of	corporation, address	s of its principa	al office	:
FIFTH: Business add	ress in Rhode Island	The Linco	oln Mall, Linco	oln, RI 02865
Name	ddresses of its direc	Office		(Attach rider if necessary)
	Dir	ector		
	Dir	ector	······································	
Michael M. Cabral	Pre	sident <u>On</u>	e Fair Oaks Dr	ive, Lincoln, RI 0286
Denyce A. Johnson	Vic	e President On	e Fair Qaks Dr	ive. Lincoln. RI 0286
Denyce A. Johnson	Sec	retary On	e Fair Oaks Dr	ive, Lincoln, RI 0286
MichaelMCabral	Tres	asurer On	eFairOaksDr	ive, Lincoln, RI 0286
SEVENTH: Number o	f Shares authorized	:		Par Value
No. of Shares	Class	01	Series	or statement that shares are without par value
1000	Common	1/24/86	FEB 26 1986	Mo Par
	Shares issued:	PAID	LEB R	Par Value or statement that shares are without
No. of Shares 1000	Class		Scries	par value
1000	Common	ANRE E CHEK 0891A001		No Par
Dated January 17	19	<u>''r</u> ra	vel Odyssey, I	nc.
· · · · · · · · · ·		By	Mehall I	and a
(Report must be sign	ned by an afficarl	Tielo	President	

To be filed annually between January 1st and March 1st

V

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

		A	nnual Report for	the year	1985	
First:	The name of the co	orporation is	Travel Ody	ssey, Inc.		
SECOND:	It is incorporated					2 S
Fourth	: If foreign corpo	ration, addr	ess of its princi	pal office		
Г І ГТ Н :	Business address i	n Rhode Isla	and (blank repo	orts will be r	nailed to this	
address) The	Lincoln Mall,	Lincoln,	Rhode Island	02865		
Sixth:	Names and addres	ses of its di	rectors and offi	icers:		
	(Addresses must inc	lude street and	number, if any)]		
,	<u> </u>	fice		4.44		
	•			Address		
	I		***************************************	***************************************		
	I	Director		* **4*************************	1:01	
	r			***************************************	******* ****** ***********************	
Michael M.	Cabral F	President	One Fair (Daks, Linc	oln, RI 028	55
Denyce A. J	ohnson /	lice Presider	nt One Fair (Oaks Dr.,	Lincoln, RI	02865
Denyce A. J	ohnson S	Secretary	One FAir (Daks Dr.,	Lincoln, RI	02865
Michael M.	0-11	reasurer	One Fair (Daks Dr.,	Lincoln, RI	02865
Seventh	: Number of Sha	ares authori:	zed:		r Value	
No. of Sha	ares Cla	53	Series	shares	tement that are without ir value	
1000	Common	ı		No	Par	
Еіснтн:	Number of Shar	es issued:		or sta	ir Value tement that	
No. of Shi	ares Cla	\$8	Series		are without ir value	
1000	Common			No	Par	
Dated: Novem	ber 13,	1985	Travel Ody	***************************************	··	
	% 8 8 8 8	В	, While	Mili		
130	ov 20 198§	Ti	tle Presider	nt		
	10 5	· · ·		be algned by a		
	VH SS.	l		J		

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations Office of the secretary of state

			Annual Report for	the year 1984	
FIRST:	The name of	the corporation	is Travel Odys	sey, Inc.	
SECOND:		porated under th		Island Agent/Travel Servi	ces
Fourth			ldress of its princip	al office	
ГІГТН :	Business ad	dress in Rhode I	sland (blank repor	ts will be mailed to this	
address) Th	e Lincoln	Mall, Lincoln	, Rhode Island	02865	
Sixth:	Names and	addresses of its	directors and offic	ers:	
	(Addresses r	nust include street a	ind number, if any)		
	Name	Office		Address	
, ·!		Director			
Printerson 11	*** ***** *****************************	Director			
		Director		N-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Michael N.	Cabral	President	One Fair Oal	ksDr,Lincoln,RL	0286
Denyce A.	Johnson	Vice Presid		ks_Dr.,_Lincoln,_RI	
		Secretary		ks Dr., Lincoln, RI	
Michael M.		Treasurer		ks Dr., Lincoln, RI	
Sevente	: Number	of Shares autho	rized:	Par Value or statement that	
No. of Sh	ares	Class	Series	shares are without par value	
1000		common		No Par	
Еіснтн	: Number o	f Shares issued:	:	Par Value or statement that	
No. of Sh	ares	Class	Series	shares are without par value	
1000		Common		No Par	
Dated: Nove	mber 13	29.85	Travel Ody:	ssey. Inc.	
	. 00 4005	19/85	By VArchel K	110	
NO'	V 20 1985		Title President		
	H	PAID		B signed by an officer)	7
		803	L	<u>_</u>	ر

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for Information, 277-3040

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations Office of the secretary of state:

			Annual Report fo	or the year 10^{-1}	1983
FIRST:	The name o	f the corporation	is TRAV	EL DDYSSEY,	INC.
SECOND:	It is inco	porated under th	e laws of RHUD	E ISLAND	
					RAVEL SERVICES
Fourth		n corporation, ad		ipal office	
,•				I	
FIFTH:	Business ac	ldress in Rhode I	sland (blank rep	orts will be m	nailed to this
address) T	RE LINCOLO	αγ <mark>Α</mark> ΕΙ, ΕΙΝΟΩΕ	N, RHUDE ISLA	ND 02865	
Sixth:	Names and	addresses of its	directors and of	ficers:	
	(Addresses	must include street a	nd number, if any)		
	Name	Office		Address	
		Director			
		Director			
		Director	· ·		
Michael M.	Cabral	President	Kirkorae S	ia5A,…Lina	:cln, RI_22665
Denyce A.	Jaboson	Vice Presid	lentKirkbrae S	lu5ALinu	uula, RI <u>0</u> 2865
Michael M.	Cabral	Secretary	Kirkbrae S	la5A, Linc	oln, 5102865
		Treasurer	Kirkbrae S	Sa. SA., Lind	oln, RI_02865
SEVENTE	ı: Number	of Shares autho	rized: 1000		r Value No Par
No. of Sh	BTES	Class	Series		are without r value
1000		ccmmac	الماث	131985 no	par par
Еіднтн	: Number	of Shares issued:			r Value tement that
No. of Sh	ares	Class	Series	shares	are without ir value
1000		cumman	7 =	nc	rsg c
Dated:	Sulty 8	19.83	Travel Corp. (Name of Corp.	oration)	Must son

If the corporation has changed its registered diffice and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040