



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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 11643		2. Name of Corporation TRAVEL ODYSSEY, INC.			
3. Street Address Principal Business Office 622 GEORGE WASHINGTON HIGHWAY		City LINCOLN		State RI	Zip 02865
4. Business Phone No. 401-333-0510		5. State of Incorporation RHODE ISLAND			6. SIC Code 6635
7. Brief Description of the Character of Business Conducted in Rhode Island TRAVEL AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL M. CABRAL			Vice President Name DENYCE A. JOHNSON		
Street Address 1 FAIR OAKS DRIVE			Street Address 1 FAIR OAKS DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name DENYCE A. JOHNSON			Treasurer Name MICHAEL M. CABRAL		
Street Address 1 FAIR OAKS DRIVE			Street Address 1 FAIR OAKS DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1000		NO PAR
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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
By:	DA
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 that all statements contained herein are true and correct.

Signature of Officer: MICHAEL M. CABRAL Date: 1/4/2005  
Print or Type Name of Officer: MICHAEL M. CABRAL  
Title of Officer: PRESIDENT



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

1. Corporate ID No. 11643		2. Name of Corporation TRAVEL ODYSSEY, INC.			
3. Street Address Principal Business Office 622 GEORGE WASHINGTON HWY		City LINCOLN		State RI	Zip 02865
4. Business Phone No. 401-333-0510		5. State of Incorporation RHODE ISLAND			6. SIC Code 6635
7. Brief Description of the Character of Business Conducted in Rhode Island TRAVEL AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL M. CABRAL			Vice President Name DENYCE A. JOHNSON		
Street Address 1 FAIR OAKS DRIVE			Street Address 1 FAIR OAKS DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name DENYCE A. JOHNSON			Treasurer Name MICHAEL M. CABRAL		
Street Address 1 FAIR OAKS DRIVE			Street Address 1 FAIR OAKS DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1000		NO PAR

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	1-21-04
Check No.	24656
By:	
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 that all statements contained herein are true and correct.

Signature of Officer  
Date 1/14/2004  
PRESIDENT  
Print or Type Name of Officer  
MICHAEL M. CABRAL  
Title of Officer



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

11643

TRAVEL ODYSSEY, INC.

3. Street Address Principal Business Office

622 GEORGE WASHINGTON HIGHWAY

City

LINCOLN

State

RI

Zip

02865

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6635

7. Brief Description of the Character of Business Conducted in Rhode Island

TRAVEL AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

MICHAEL M. CABRAL

Street Address

1 FAIR OAKS DRIVE

City

LINCOLN

State

RI

Zip

02865

Secretary Name

DENYCE A. JOHNSON

Street Address

1 FAIR OAKS DR.

City

LINCOLN

State

RI

Zip

02865

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

NO PAR

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

By: [Signature]

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 that all statements contained herein are true and correct.

[Signature] 1/13/03  
Signature of Officer Date

MICHAEL M. CABRAL  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

11643

2. Name of Corporation

TRAVEL ODYSSEY, INC.

3. Street Address Principal Business Office

622 GEORGE WASHINGTON HWY

City

LINCOLN

State

RI

Zip

02865

4. Business Phone No.

401/333-0510

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6835

7. Brief Description of the Character of Business Conducted in Rhode Island

TRAVEL AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

MICHAEL M. CABRIL

Vice President Name

DONALD A. JOHNSON

Street Address

1 FARM OAK DR

Street Address

1 FARM OAK DR

City

LINCOLN

State

RI

Zip

02865

City

LINCOLN

State

RI

Zip

02865

Secretary Name

DONALD A. JOHNSON

Treasurer Name

MICHAEL M. CABRIL

Street Address

1 FARM OAK DR

Street Address

1 FARM OAK DR

City

LINCOLN

State

RI

Zip

02865

City

LINCOLN

State

RI

Zip

02865

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

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 (\*X\* BOX FOR ATTACHMENT)

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

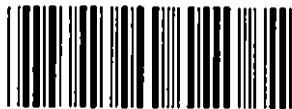
Par Value

1,000 NO PAR VALUE

1,000

NO PAR

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: 1-8-02

23245

Check No.: 2

By: [Signature]

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 that all statements contained herein are true and correct.

[Signature] 1/3/02  
Signature of Officer Date

MICHAEL M. CABRIL  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

5



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



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **11643** 2. Name of Corporation **TRAVEL ODYSSEY, INC.**

3. Street Address Principal Business Office **622 GEORGE WASHINGTON HWY** City **LINCOLN** State **RI** Zip **02865**  
4. Business Phone No. **401/333-0510** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8835**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**TRAVEL AGENCY**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>MICHAEL M. CABRAL</b>	Vice President Name <b>DENYCE A. JOHNSON</b>
Street Address <b>1 FAIR OAKS DRIVE</b>	Street Address <b>1 FAIR OAKS DRIVE</b>
City <b>LINCOLN</b> State <b>RI</b> Zip <b>02865</b>	City <b>LINCOLN</b> State <b>RI</b> Zip <b>02865</b>
Secretary Name <b>DENYCE A. JOHNSON</b>	Treasurer Name <b>MICHAEL M. CABRAL</b>
Street Address <b>1 FAIR OAKS DRIVE</b>	Street Address <b>1 FAIR OAKS DRIVE</b>
City <b>LINCOLN</b> State <b>RI</b> Zip <b>02865</b>	City <b>LINCOLN</b> State <b>RI</b> Zip <b>02865</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1000 NO PAR VAL**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1000 NO PAR**

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: 2/16  
Check No.: 22618  
By: [Signature]

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 that all statements contained herein are true and correct.

[Signature] 2/28/2001  
Signature of Officer Date  
**MICHAEL M. CABRAL**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 11643 2. Name of Corporation TRAVEL ODYSSEY, INC.

3. Street Address Principal Business Office

622 GEORGE WASHINGTON HIGHWAY

City LINCOLN

State RI

Zip 02865

4. Business Phone No.

401/333-0510

5. State of Incorporation  
RHODE ISLAND

6. SIC Code  
6635

7. Brief Description of the Character of Business Conducted in Rhode Island

TRAVEL AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

MICHAEL M. CABRAL

Vice President Name

DENYCE A. JOHNSON

Street Address

Street Address

1 FAIR OAKS DRIVE

1 FAIR OAKS DRIVE

City LINCOLN State RI

Zip 02865

City LINCOLN State RI

Zip 02865

Secretary Name

DENYCE A. JOHNSON

Treasurer Name

MICHAEL M. CABRAL

Street Address

Street Address

1 FAIR OAKS DRIVE

1 FAIR OAKS DRIVE

City LINCOLN State RI

Zip 02865

City LINCOLN State RI

Zip 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

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 (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000 NO PAR VAL

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

NO PAR

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: 3/2/00

Check No.: 21882

By: Michael M. Cabral

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 that all statements contained herein are true and correct.

Michael M. Cabral 3/29/2000  
Signature of Officer Date

MICHAEL M. CABRAL  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>11643</b>		2. Name of Corporation <b>TRAVEL ODYSSEY, INC.</b>			
3. Street Address Principal Business Office <b>622 GEORGE WASHINGTON HWY</b>		City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	
4. Business Phone No. <b>401/333-0510</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>6835</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TRAVEL AGENCY</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>MICHAEL M. CABRAL</b>		Vice President Name <b>DENYCE A. JOHNSON</b>			
Street Address <b>1 FAIR OAKS DRIVE</b>		Street Address <b>1 FAIR OAKS</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>DENYCE A. JOHNSON</b>		Treasurer Name <b>MICHAEL M. CABRAL</b>			
Street Address <b>1 FAIR OAKS</b>		Street Address <b>1 FAIR OAKS</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
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 (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1000 NO PAR VAL</b>			<b>1000</b>		<b>NO PAR</b>

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: **Jan 22, 99**  
Check No.: **21004**

By: **[Signature]**

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 that all statements contained herein are true and correct.

**[Signature]** 1/19/99  
Signature of Officer Date

**MICHAEL M. CABRAL**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer



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  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

11843

TRAVEL ODYSSEY, INC.

3. Street Address Principal Business Office

622 GEORGE WASHINGTON HIGHWAY

City

LINCOLN

State

RI

Zip

02865

4. Business Phone No.

401/333-0510

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8835

7. Brief Description of the Character of Business Conducted in Rhode Island

TRAVEL ODYSSEY - TRAVEL AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

MICHAEL M. CABRAL

Street Address

1 FAIR OAKS DR.

City

LINCOLN RI

State

Zip

02865

Secretary Name

DENYCE A. JOHNSON

Street Address

1 FAIR OAKS DR.

City

LINCOLN RI

State

Zip

02865

Vice President Name

DENYCE A. JOHNSON

Street Address

1 FAIR OAKS DR.

City

LINCOLN

State

RI

Zip

02865

Treasurer Name

MICHAEL M. CABRAL

Street Address

1 FAIR OAKS DR.

City

LINCOLN

State

RI

Zip

02865

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000 NO PAR VAL

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

NO PAR

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: 11/28/98

Check No: 128103

By: [Signature]

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 that all statements contained herein are true and correct.

[Signature] 11/15/98  
Signature of Officer Date

MICHAEL M. CABRAL  
Print or Type Name of Officer

PRESIDENT  
Title of Officer





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  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

11643

2. Name of Corporation

TRAVEL ODYSSEY, INC.

3. Street Address Principal Business Office

622 George Washington Hwy

City

Lincoln

State

RI

Zip

02865

4. Business Phone No.

401/333-0510

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6635

7. Brief Description of the Character of Business Conducted in Rhode Island

Travel Agency

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name

Michael M. Cabral

Street Address

1 Fair Oaks Drive

City

Lincoln

State

RI

Zip

02865

Secretary Name

Denyce A. Johnson

Street Address

1 Fair Oaks Drive

City

Lincoln

State

RI

Zip

02865

Vice President Name

Denyce A. Johnson

Street Address

1 Fair Oaks Drive

City

Lincoln

State

RI

Zip

02865

Treasurer Name

Michael M. Cabral

Street Address

1 Fair Oaks Drive

City

Lincoln

State

RI

Zip

02865

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000 NO PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

No Par

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



File Date: 1/2/97

Check No.: 19095

By: KD

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 that all statements contained herein are true and correct.

Signature of Officer: Michael M. Cabral Date: 12/21/96

Michael M. Cabral, President 12/21/96

Print or Type Name of Officer

Title of Officer

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 11643		2. NAME OF CORPORATION TRAVEL ODYSSEY, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 622 GEORGE WASHINGTON HWY THE LINCOLN MALL		CITY LINCOLN		STATE RI	ZIP CODE 02865
4. BUSINESS PHONE NO. (401) 333-0510		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 6635
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND TRAVEL AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME MICHAEL M. CABRAL			VICE PRESIDENT NAME DENYCE A. JOHNSON		
STREET ADDRESS 1 FAIR OAKS DR.			STREET ADDRESS 1 FAIR OAKS DR.		
CITY LINCOLN	STATE RI	ZIP CODE 02865	CITY LINCOLN	STATE RI	ZIP CODE 02865
SECRETARY NAME DENYCE A. JOHNSON			TREASURER NAME MICHAEL M. CABRAL		
STREET ADDRESS 1 FAIR OAKS DR.			STREET ADDRESS 1 FAIR OAKS DR.		
CITY LINCOLN	STATE RI	ZIP CODE 02865	CITY LINCOLN	STATE RI	ZIP CODE 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000	NO PAR VAL		1000		

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

Check No:

By:

For Secretary of State Use Only

Signature of Officer

MICHAEL M. CABRAL

Print or Type Name of Officer

PRESIDENT

Title of Officer

2/20/96

Date



**ANNUAL REPORT**

Please Type or Print  
File Annually -- Jan. 1 - March 1  
Filing Fee \$50.00  
Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0011643 Annual Report for the year: 1995

Name of Corporation: TRAVEL ODYSSEY, INC.

Business entity organized under the laws of the State of: R.I.

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)

Brief statement of the character of business conducted in Rhode Island:

TRAVEL AGENCY

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 WASHINGTON HWY. ROUTE 116

LINCOLN MALL

LINCOLN, RI

Phone: (401) 333-0510

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>MICHAEL M. CABRAL</u>	<u>1 FAIR OAKS DR. LINCOLN, RI</u>		<u>02865</u>
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>DENYCE A. JOHNSON</u>	<u>1 FAIR OAKS DRIVE LINCOLN, RI</u>		<u>02865</u>
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>DENYCE A. JOHNSON</u>	<u>4</u>	<u>4</u>	<u>4</u>
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>MICHAEL M. CABRAL</u>	<u>11</u>	<u>11</u>	<u>11</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>1000</u>	<u>Common</u>	<u>1000</u>	<u>Common</u>

Date 12/23, 19 94

By: MICHAEL M. CABRAL, President

PRINT OR TYPE NAME OF OFFICER SIGNING MICHAEL M. CABRAL  
TITLE OF OFFICER SIGNING PRESIDENT

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MICHAEL M. CABRAL  
~~MICHAEL CABRAL JR.~~  
TRAVEL ODYSSEY, INC.  
LINCOLN MALL, ROUTE 116  
LINCOLN RI 02865

**FILED**

JAN 19 1995

By AMT#29  
17142

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations  
Office of The Secretary of State

100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

ing Fee \$50.00  
yable to:  
ecretary of State

0011643

Annual Report for the year:

1994

TRAVEL ODYSSEY, INC.

Corporate ID:

Name of Business Entity:

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

ROUTE 116

THE LINCOLN MALL

LINCOLN, RI 02865

Phone: (401) 333-0510

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

MICHAEL M. CABRAL

TRAVEL ODYSSEY, INC.

THE LINCOLN MALL

LINCOLN, RI 02865

Brief statement of the character of business conducted in Rhode Island:

TRAVEL AGENCY ... SERVICE TO GEN PUBLIC  
RESERVATIONS SERVICES

Date of Organization:

11/30/82 ME

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)

MICHAEL M. CABRAL

ONE FAIR OAKS DRIVE

LINCOLN RI

02865

☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One)

DENYCE A. JOHNSON

"

"

"

"

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One)

DENYCE A. JOHNSON

"

"

"

"

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)

MICHAEL M. CABRAL

"

"

"

THE NAMES OF THE DIRECTORS ARE:

STREET ADDRESS

CITY/STATE

ZIP CODE

STREET ADDRESS

CITY/STATE

ZIP CODE

STREET ADDRESS

CITY/STATE

ZIP CODE

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 1000

CLASS COMMON

SERIES

PAR VALUE OR WITHOUT PAR NO PAR

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000

CLASS COMMON

SERIES

PAR VALUE OR WITHOUT PAR NO PAR

[Signature]

Filing Fee \$50.00

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

1525473  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0011543 Annual Report for the year 1993

FIRST: The name of the corporation is TRAVEL ODYSSEY, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is TRAVEL AGENCY

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

MICHAEL M. CABRAL President ONE FAIR OAKS DR, LINCOLN, RI 02865

DENYCE A. JOHNSON Vice President ONE FAIR OAKS DR, LINCOLN, RI 02865

DENYCE A. JOHNSON Secretary ONE FAIR OAKS DR, LINCOLN, RI 02865

MICHAEL M. CABRAL Treasurer ONE FAIR OAKS, LINCOLN RI 02865

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1000

Common

No PAR

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1000

Common

No PAR

Dated FEB 2, 1993

TRAVEL ODYSSEY, INC.  
(Name of Corporation)

By

Title

(Report must be signed by an officer)

Filing Fee \$50.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

1931011

Corporate ID 0011543 Annual Report for the year 1992

FIRST: The name of the corporation is TRAVEL ODYSSEY, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is TRAVEL AGENCY

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

	Director	
	Director	
	Director	
<u>MICHAEL M. CABRAL</u>	President	<u>ONE FAIR OAKS, LINCOLN, RI 02865</u>
<u>DENYCE A. JOHNSON</u>	Vice President	<u>ONE FAIR OAKS DRIVE, LINCOLN, RI 02865</u>
<u>DENYCE A. JOHNSON</u>	Secretary	<u>ONE FAIR OAKS DRIVE, LINCOLN, RI 02865</u>
<u>MICHAEL M. CABRAL</u>	Treasurer	<u>ONE FAIR OAKS DRIVE, LINCOLN, RI 02865</u>

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1000

Common

PAID

APR 28 1992

NO PAR

SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1000

Common

NO PAR

Dated MARCH 1 19 92

TRAVEL ODYSSEY, INC.  
(Name of Corporation)

By

Title

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

1991

Corporate ID 0011643 Annual Report for the year 1991FIRST: The name of the corporation is TRAVEL ODYSSEY, INC.SECOND: It is incorporated under the laws of RHODE ISLANDTHIRD: Character of business, briefly stated, is TRAVEL AGENCY

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

MICHAEL M. CABRAL

President

1 FAIR OAKS DRIVE, LINCOLN, RI 02865

DENYCE A. JOHNSON

Vice President

1 FAIR OAKS DRIVE, LINCOLN, RI 02865

DENYCE A. JOHNSON

Secretary

1 FAIR OAKS DRIVE, LINCOLN, RI 02865

MICHAEL M. CABRAL

Treasurer

1 FAIR OAKS DRIVE, LINCOLN, RI 02865

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1000

Common

PAID

APR 18 1992

No-Par

SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1000

Common

No Par

Dated Mar 19 91TRAVEL ODYSSEY, INC.  
(Name of Corporation)

By

Title

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 0011643

Annual Report for the year 1990

02

FIRST: The name of the corporation is TRAVEL ODYSSEY, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is TRAVEL AGENCY

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island THE LINCOLN MALL, ROUTE 116  
LINCOLN, RI 02865

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
MICHAEL M. CABRAL	President	ONE FAIR OAKS DRIVE, LINCOLN, RI 02865
DENYCE A. JOHNSON	Vice President	ONE FAIR OAKS DRIVE, LINCOLN, RI 02865
DENYCE A. JOHNSON	Secretary	ONE FAIR OAKS DRIVE, LINCOLN, RI 02865
MICHAEL M. CABRAL	Treasurer	ONE FAIR OAKS DRIVE, LINCOLN, RI 02865

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		NO PAR

PAID

FEB 12 1990

SECY. OF STATE

Dated JANUARY 31 1990

TRAVEL ODYSSEY, INC.

(Name of Corporation)

By MICHAEL M. CABRAL

Title PRESIDENT

(Report must be signed by an officer)



Filing Fee \$15.00

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

# 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 1989

FIRST: The name of the corporation is TRAVEL ODYSSEY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Travel Agency

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island The Lincoln Mall, route 116

Lincoln, Rhode Island 02865

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Michael M. Cabral

President

One Fair Oaks Drive, Lincoln, RI 02865

Denyce A. Johnson

Vice President

One Fair Oaks Drive, Lincoln, RI 02865

Denyce A. Johnson

Secretary

One Fair Oaks Drive, Lincoln, RI 02865

Michael M. Cabral

Treasurer

One Fair Oaks Drive, Lincoln, RI 02865

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1000-

Common

No Par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1000

Common

No Par

Dated February 15, 1989 19

TRAVEL ODYSSEY, INC.

(Name of Corporation)

By

Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

*D.P.*

Corporate ID 11643

Annual Report for the year 1988

FIRST: The name of the corporation is TRAVEL ODYSSEY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Travel Agency

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island The Lincoln Mall, Route 116  
Lincoln, Rhode Island 02865

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Michael M. Cabral	President	One Fair Oaks Dr., Lincoln, RI 02865
Denyce A. Johnson	Vice President	One Fair Oaks Dr., Lincoln, RI 02865
Denyce A. Johnson	Secretary	One Fair Oaks Dr., Lincoln, RI 02865
Michael M. Cabral	Treasurer	One Fair Oaks Dr., Lincoln, RI 02865

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	Common

PAID  
Series

FEB 24 1988

SECY OF STATE

Par Value  
or statement that  
shares are without  
par value

No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class
1000	Common

Series

Par Value  
or statement that  
shares are without  
par value

No Par

Dated February 9, 1988 19

TRAVEL ODYSSEY, INC.

(Name of Corporation)

By

*Michael M. Cabral* President

Title President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 11643 Annual Report for the year 1987FIRST: The name of the corporation is TRAVEL ODYSSEY, INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is TRAVEL AGENCY

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island THE LINCOLN MALLLINCOLN, RI 02865

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

MICHAEL M. CABRAL

President

ONE FAIR OAKS DR, LINCOLN, RI 02865DENYCE A. JOHNSON

Vice President

ONE FAIR OAKS DR, LINCOLN, RI 02865DENYCE A. JOHNSON

Secretary

ONE FAIR OAKS DR, LINCOLN, RI 02865MICHAEL M. CABRAL

Treasurer

ONE FAIR OAKS DR, LINCOLN, RI 02865

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value1000CommonNo Par

EIGHTH: Number of Shares issued:

PAID

No. of Shares

Class

APR 03 1987

Series

Par Value  
or statement that  
shares are without  
par value1000Common

SEC'Y OF STATE

APR 08 1987

No ParDated MARCH 1 19 87TRAVEL ODYSSEY, INC.

(Name of Corporation)

By Michael M. CabralTitle President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 11643 Annual Report for the year 1986FIRST: The name of the corporation is TRAVEL ODYSSEY, INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is Travel Agency/Travel Services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island The Lincoln Mall, Lincoln, RI 02865

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

.....	Director	.....
.....	Director	.....
.....	Director	.....
<u>Michael M. Cabral</u>	<u>President</u>	<u>One Fair Oaks Drive, Lincoln, RI 02865</u>
<u>Denyce A. Johnson</u>	<u>Vice President</u>	<u>One Fair Oaks Drive, Lincoln, RI 02865</u>
<u>Denyce A. Johnson</u>	<u>Secretary</u>	<u>One Fair Oaks Drive, Lincoln, RI 02865</u>
<u>Michael M. Cabral</u>	<u>Treasurer</u>	<u>One Fair Oaks Drive, Lincoln, RI 02865</u>

SEVENTH: Number of Shares authorized:

No. of Shares

Class

01/24/86 PAID

Series

Par Value  
or statement that  
shares are without  
par value

1000

Common

No Par

EIGHTH: Number of Shares issued:

No. of Shares

Class

ANRE  
CHEK  
0891A001

Series

Par Value  
or statement that  
shares are without  
par value

1000

Common

No Par

Dated January 17 19 86Travel Odyssey, Inc.

(Name of Corporation)

By

Michael M. Cabral

(Report must be signed by an officer)

Title President

Filing fee: \$15.00

Corporate ID# 11643

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 1985

FIRST: The name of the corporation is Travel Odyssey, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Travel Agency/Travel Services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) The Lincoln Mall, Lincoln, Rhode Island 02865

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Michael M. Cabral	President	One Fair Oaks, Lincoln, RI 02865
Denyce A. Johnson	Vice President	One Fair Oaks Dr., Lincoln, RI 02865
Denyce A. Johnson	Secretary	One FAir Oaks Dr., Lincoln, RI 02865
Michael M. Cabral	Treasurer	One Fair Oaks Dr., Lincoln, RI 02865

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par

Dated: November 13, 1985

Travel Odyssey, Inc.

(Name of Corporation)

By

Title President

(Report must be signed by an officer)

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

Corporate ID# 11643

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 Odyssey, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Travel Agent/Travel Services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) The Lincoln Mall, Lincoln, Rhode Island 02865

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Michael M. Cabral	President	One Fair Oaks Dr., Lincoln, RI 02865
Denyce A. Johnson	Vice President	One Fair Oaks Dr., Lincoln, RI 02865
Denyce A. Johnson	Secretary	One Fair Oaks Dr., Lincoln, RI 02865
Michael M. Cabral	Treasurer	One Fair Oaks Dr., Lincoln, RI 02865

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par

Dated: November 13 1985

Travel Odyssey, Inc.

(Name of Corporation)

By

Title President

(Report must be signed by an officer)

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 1983

FIRST: The name of the corporation is TRAVEL ODYSSEY, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is TRAVEL AGENCY/TRAVEL SERVICES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) THE LINCOLN MALL, LINCOLN, RHODE ISLAND 02865

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Michael M. Cabral	President	Kirkbrae Sq. 5A, Lincoln, RI 02865
Denysse A. Johnson	Vice President	Kirkbrae Sq. 5A, Lincoln, RI 02865
Michael M. Cabral	Secretary	Kirkbrae Sq. 5A, Lincoln, RI 02865
Michael M. Cabral	Treasurer	Kirkbrae Sq. 5A, Lincoln, RI 02865

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized: 1000

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par

Dated: July 8 1983

Travel Odyssey, Inc.

(Name of Corporation)

Denysse A. Johnson  
Vice President

(Report must be signed by an officer)

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