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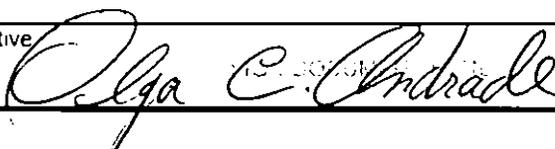


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2020 FEB 25 AM 10:02

Annual Report for the year: 2020
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 000059860		2. Exact name of the Corporation NOVA TRAVEL AGENCY LTD.			
3. Principal Office Address 175 Taunton Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 561510		6. Brief description of the character of business conducted in Rhode Island To own and operate a travel agency			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Olga C. Andrade			Vice-President Name Paul G. Bettencourt		
Street Address 4 River Street			Street Address 197 Warren Avenue, 201		
City Bristol	State RI	Zip 02809	City East Providence	State RI	Zip 02914
Secretary Name Paul G. Bettencourt			Treasurer Name Olga C. Andrade		
Street Address 197 Warren Avenue, 201			Street Address 4 River Street		
City East Providence	State Ri	Zip 02914	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Olga C. Andrade			Director Name Paul G. Bettencourt		
Street Address 4 River Street			Street Address 197 Warren Avenue, 201		
City Bristol	State RI	Zip 02809	City East Providence	State RI	Zip 02914
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES 400	CLASS/STRIKES Common	PAR VALUE No Par Value
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. 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 Representative Olga C. Andrade				Date 2-20-20	
Signature of Authorized Representative 				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

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