



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

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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														
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>400</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	400	Common	No Par Value			
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400	Common	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 <i>Olga C. Andrade</i> 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

FEB 25 2020
BY *CK 4681*
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FORM 630 - Revised: 10/2017