

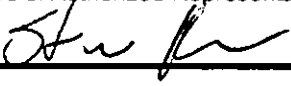


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 MAY 11 PM 2:56

1. Entity ID Number 000924855		2. Exact name of the Corporation Travel Chef, Inc.			
3. Principal Office Address 334 Carriage Drive			City Portsmouth	State RI	Zip 02871
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island Travel Consultancy			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Steven Horan			Vice-President Name Same		
Street Address 334 Carriage Drive			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Steven Horan			Treasurer Name Same		
Street Address 334 Carriage Drive			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Steven Horan					Date 5-6-20
Signature of Authorized Representative 					

SIGN DOCUMENT **FILED**

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