State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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	2. Exact name of the Corporation		
607601	ANYPLACE TRAVEL of Jhnstn Inc		
3. Principal Office Address	**City**	**State**	**Zip**
1450 ATwood Avenue	Johnstn	RI	02919
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
561510	TRAVel Agency		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
NANCY L. DiGiglio	Alexia DiGiglio MANOLIVI
Street Address: 186 MARJORAM DR.	Street Address: 6 Betsy Williams Circle
City: Cranstn / State: RI / Zip: 02921	City: Johnstn / State: RI / Zip: 02919
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	0	0

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	Date
NANCY L. DiGiglio	2/26/21

Signature of Authorized Representative: Nancy L DiGiglio

FILED
MAR 01 2021
BY ME4BE
A.A. 2:49pm

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020