RI SOS Filing Number: 202194786900 Date: 3/19/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR 19 A 11: 23

STAMP FOR

1. Entity ID Number	2 Exact name of the Corporation		
000059860	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 ☐

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 ☐

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 — Check the box to indicate an attachment ☐

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

Changes require an additional filing.

10. Shares Issued

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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: 2/22/21

Signature of Authorized Representative: Olga C. Andrade

SIGN DOCUMENT HERE

FILED

MAR 19 2021

BY Ck# 5094

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: 10/2017