



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2023**
Corporation

STAMP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED
 FOR
 DEPT. OF STATE
 3/31/2023

1. Entity ID Number 000059860		2. Exact name of the Corporation NOVA TRAVEL AGENCY LTD.		2023 MAR 31 P 12:02							
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<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
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							
Signature of Authorized Representative <i>Olga C. Andrade</i>				SIGN DOCUMENT HERE 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

 MAR 31 2023
 BY *ML 8993*

FORM 630 - Revised: 10/2017