



State of Rhode Island

Department of State - Business Services Division

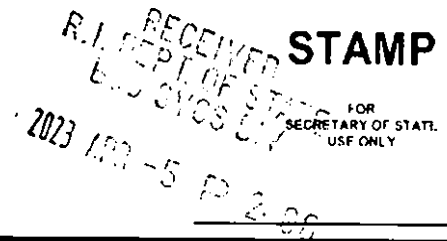
Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 000009674		2. Exact name of the Corporation Donovan Travel, Inc.			
3. Principal Office Address 508 Main Street			City East Greenwich	State RI	Zip 02818
4. NAICS Code 561510	6. Brief description of the character of business conducted in Rhode Island Travel agency.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Judith A. Clappin			Vice-President Name		
Street Address 508 Main Street			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Thomas Mieczynski			Treasurer Name Judith A. Clappin		
Street Address 508 Main Street			Street Address 508 Main Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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		
			277.78 Common with 0.00 par		
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 Judith A. Clappin			Date 3/26/23		
Signature of Authorized Representative <i>Judith A. Clappin</i>					

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

APR 05 2023

BY: 242PP