RI SOS Filing Number: 202332429120 Date: 4/5/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

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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 Judith A. Clappin	FILED 208 APR 05 2023 BY 24288

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: 11/2021