



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.

**RECEIVED STAMP**  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 FOR SECRETARY OF STATE USE ONLY  
 2023 APR -5 PM 2:00

1. Entity ID Number <b>000009674</b>		2. Exact name of the Corporation <b>Donovan Travel, Inc.</b>			
3. Principal Office Address <b>508 Main Street</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>561510</b>		6. Brief description of the character of business conducted in Rhode Island <b>Travel agency.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Judith A. Clappin</b>			Vice-President Name		
Street Address <b>508 Main Street</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>Thomas Mieczynski</b>			Treasurer Name <b>Judith A. Clappin</b>		
Street Address <b>508 Main Street</b>			Street Address <b>508 Main Street</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>277.78 Common with 0.00 par</b>			
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.					
<i>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.</i>					
Name of Authorized Representative <b>Judith A. Clappin</b>				Date <b>3/26/23</b>	
Signature of Authorized Representative <i>Judith A. Clappin</i>				Date <b>APR 05 2023</b>	

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