



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2024

FILED

MAR 13 2024

BY

25113

- 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 1139		2. Exact name of the Corporation ANYWHERE, INC.												
3. Principal Office Address 820 Bald Hill Road			City Warwick		State RI									
			Zip 02886											
4. NAICS Code 561510		6. Brief description of the character of business conducted in Rhode Island Marketing of travel and travel related services												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name David Accetturo			Vice-President Name Vacant											
Street Address 820 Bald Hill Road			Street Address											
City Warwick	State RI	Zip 02886	City	State	Zip									
Secretary Name Jonathan Gelfuso			Treasurer Name Joseph Giampietro											
Street Address 820 Bald Hill Road			Street Address 820 Bald Hill Road											
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Steven Gelfuso			Director Name David Accetturo											
Street Address 820 Bald Hill Road			Street Address 820 Bald Hill Road											
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
Director Name Joseph Giampietro			Director Name Jonathan Gelfuso											
Street Address 820 Bald Hill Road			Street Address 820 Bald Hill Road											
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
9. Shares Authorized 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>300</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	300	Common	No Par Value			
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300	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 David Accetturo					Date 3/5/24									
Signature of Authorized Representative 														

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov