



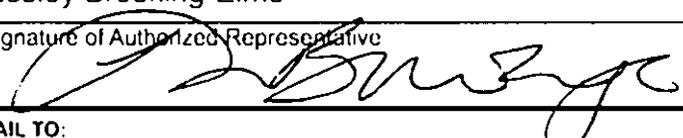
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

APR 05 2024

10241

- 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 000136442		2. Exact name of the Corporation Pacific Experience, Inc.			
3. Principal Office Address 181 Bellevue Avenue, #316			City Newport	State RI	Zip 02840
4 NAICS Code 561510		6. Brief description of the character of business conducted in Rhode Island To provide, perform, market, sell or otherwise deal in the business of a travel agency			
5. State of Incorporation					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lesley Brooking-Elms			Vice-President Name		
Street Address 181 Bellevue Avenue, #316			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Lesley Brooking-Elms			Treasurer Name Lesley Brooking-Elms		
Street Address 181 Bellevue Avenue, #316			Street Address 181 Bellevue Avenue, #316		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000	Common	1,000	
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 Lesley Brooking-Elms				Date April 3, 2024	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov