



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Corporation2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

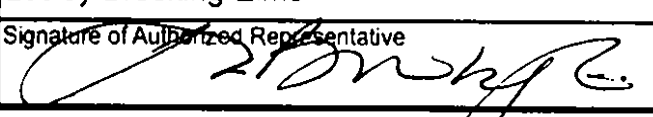
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 06 2025

BY

16526

1. Entity ID Number 136442		2. Exact name of the Corporation Pacific Experience, Inc.			
3. Principal Office Address 181 Spring Street			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 Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Lesley Brooking-Elms			Vice-President Name		
Street Address 181 Spring Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Lesley Brooking-Elms			Treasurer Name Lesley Brooking-Elms		
Street Address 181 Spring Street			Street Address 181 Spring Street		
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 ☐					
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		
			1,000		
			Common		
			No 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 Lesley Brooking-Elms				Date 12/15/2024	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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