State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ 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 10526

1. Entity ID Number	2. Exact name of the Corporation		
136442	Pacific Experience, Inc.		
3. Principal Office Address	City	State	Zip
181 Spring Street	Newport	RI	02840
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
561510	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	Vice-President Name
Lesley Brooking-Elms	
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

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 ☐

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	Date
Lesley Brooking-Elms	12/15/2024

Signature of Authorized Representative

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: 2/2023