

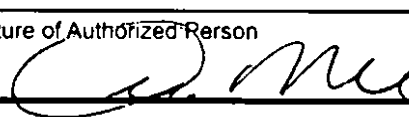


State of Rhode Island  
Department of State - Business Services Division

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SECRETARY OF  
CORPORATIONS  
2025 JAN 17 AM 10:28 AM

Annual Report for the year: 2024  
Limited Liability Company

- 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<br><b>000163865</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>TRAVEL PLUS LLC</b>                            |                          |
| 3. NAICS Code<br><b>541810</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>TRAVEL AGENCY</b> |                          |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                     |                          |
| 6. Principal Office Address<br><b>15 SANDY BOTTOM ROAD, STE 104</b>                                                                                                                                     |  | City<br><b>COVENTRY</b>                                                                             | State<br><b>RI</b>       |
|                                                                                                                                                                                                         |  | Zip<br><b>02816</b>                                                                                 |                          |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                     |                          |
| Contact Name<br><b>DONNA MCDONALD</b>                                                                                                                                                                   |  | Contact Title<br><b>OWNER</b>                                                                       |                          |
| Street Address<br><b>15 SANDY BOTTOM RD, STE 104</b>                                                                                                                                                    |  | City<br><b>COVENTRY</b>                                                                             | State<br><b>RI</b>       |
|                                                                                                                                                                                                         |  | Zip<br><b>02816</b>                                                                                 |                          |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                     |                          |
| 9. 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 Person<br><b>DONNA MCDONALD</b>                                                                                                                                                      |  |                                                                                                     | Date<br><b>1/16/2025</b> |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                     |                          |

FILED

JAN 17 2025  
BY EGC

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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](http://www.sos.ri.gov)