**State of Rhode Island**
**Department of State - Business Services Division**

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CORPORATIONS
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**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 | 2. Exact name of the Limited Liability Company | | |
|---|---|---|---|
| 000163865 | TRAVEL PLUS LLC | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | |
| 541810 | TRAVEL AGENCY | | |
| 5. State of Formation | | | |
| RI | | | |
| 6. Principal Office Address | City | State | Zip |
| 15 SANDY BOTTOM ROAD, STE 104 | COVENTRY | RI | 02816 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name: DONNA MCDONALD | Contact Title: OWNER | | |
| Street Address: 15 SANDY BOTTOM RD, STE 104 | City: COVENTRY | State: RI | Zip: 02816 |
| 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: DONNA MCDONALD | Date: 1/16/2025 | | |
| Signature of Authorized Person | | | |

FILED
JAN 17 2025
BY EGC
AA. 10:32AM.

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov