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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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.

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Entity ID Number	2. Exact name of the Limited Liability Company						
001733277	Anchors Away Travel, LLC						
3. NAICS Code 561500 5. State of Formation RI	Brief description of the character of business conducted in Rhode Island Travel Agent						
6. Principal Office Address	<u> </u>	City	State	Zip			
5 Casey Dr		Bristol	RI	02806			
7. Mailing Address of Limited Li	ability Company and Name or Title	of Contact Person	······································				
Contact Name Kelly Furtado		Contact Title President					
Street Address 5 Casey Dr		City Bristol	State	^{Zip} 02809			
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			Date	Date			
Kelly Furtado			03/12/202	03/12/2025			
Signature of Authorized Person							
KellyBrutado							

FILED

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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