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State of Rhode Island Department of State - Business Services Division

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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.

2025

| 1. Entity ID Number 001775970 | 2. Exact name of the Limited Liability Company TIMELESS TRAVEL RI LLC | | | | | |
|---|--|----------------------|------------------|----------------------|--|--|
| 3. NAICS Code 561510 | Brief description of the character of business conducted in Rhode Island TRAVEL AGENCY | | | | | |
| 5. State of Formation | | | | ļ | | |
| 6. Principal Office Address | <u> </u> | City | State | Zip | | |
| 86 KIWANEE RD | | WARWICK | RI | 02888 | | |
| 7. Mailing Address of Limited L | iability Company and Name or Titl | le of Contact Person | | | | |
| Contact Name DEBORAH S | DEBORAH STUBBS Contact Title OWNER | | | | | |
| Street Address 86 KIWANEE RD | | City WARWICK | State RI | ^{Zip} 02888 | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | |
| | declare and affirm that I have eaments contained herein are true | | ng any accompany | ing schedules and | | |
| Name of Authorized Person DEBORAH STUBBS | | Date 5/27/25 | | | | |
| Signature of Authorized Person | , h | | | | | |

Phone: (401) 222-3040 Website: www.sos.ri.gov