



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 32298		2. Exact name of the Corporation AMERICA TRAVEL, INC.			
3. Principal office address 499 Warren Avenue			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-434-4700			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Travel Agency					
President Name Jose R. Serodio			Vice-President Name John Botelho		
Street Address 80 Bentley Street			Street Address 74 Plymouth Road		
City East Prov.	State RI	Zip 02914	City East Prov.	State RI	Zip 02914
Secretary Name Jose R. Serodio			Treasurer Name John Botelho		
Street Address 80 Bentley Street			Street Address 74 Plymouth Road		
City East Prov.	State RI	Zip 02914	City East Prov.	State RI	Zip 02914
Director Name Jose R. Serodio			Director Name John Botelho		
Street Address 80 Bentley Street			Street Address 74 Plymouth Road		
City East Prov.	State RI	Zip 02914	City East Prov.	State RI	Zip 02914
Director Name Peter Calvert			Director Name		
Street Address 151 Jepson Street			Street Address		
City Fall River	State MA	Zip 02722	City	State	Zip
100 No Par Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par Value

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.

FILED

MAY 28 2014

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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.

Jose R. Serodio 5/27/14
 Signature of Authorized Representative Date

Jose R. Serodio, President
 Print or Type Name of Authorized Representative