

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004262

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** COLLETTE TRAVEL SERVICE, INC.

**Current Principal Place of Business:**

1021 HILLSBORO MILE  
APT 608  
HILLSBORO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

162 MIDDLE STREET  
PAWTUCKET, RI 02860

**New Mailing Address:**

**FEI Number:** 05-0298245      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SULLIVAN, DANIEL J JR  
1021 HILLSBORO MILE  
APT 608  
HILLSBORO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** P,D  
**Name:** SULLIVAN, DANIEL J JR  
**Address:** 16 GARWAIN DRIVE  
**City-St-Zip:** LINCOLN, RI 02865

**Title:** S  
**Name:** DZUIRA, WILLIAM  
**Address:** 13 BELLS BROOK ROAD  
**City-St-Zip:** LAKEVILLE, MA 02347

**Title:** T,D  
**Name:** GALVIN, JOHN  
**Address:** 62 CARRIAGE DRIVE  
**City-St-Zip:** LINCOLN, RI 02865

**Title:** D  
**Name:** HORAN, MICHAEL  
**Address:** 393 ARMISTICE BLVD  
**City-St-Zip:** PAWTUCKET, RI 02861

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN GALVIN

D

02/08/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date