



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000069522		2. Name of Corporation STELLA MARIS INN		
3. Street Address Principal Business Office 91 WASHINGTON ST		City NEWPORT	State RI	Zip 02840
4. Business Phone No. 401-849-2862		5. State of Incorporation R.I.		
6. Brief Description of the Character of Business Conducted in Rhode Island BED + BREAKFAST				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name EDWIN J. MADDEN		Vice President Name DOROTHY S. MADDEN		
Street Address 91 WASHINGTON ST		Street Address SAME		
City NEWPORT	State RI	Zip 02840	City	State
Secretary Name EDWIN J. MADDEN		Treasurer Name DOROTHY S. MADDEN		
Street Address SAME		Street Address SAME		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name EDWIN J. MADDEN		Director Name DOROTHY S. MADDEN		
Street Address SAME		Street Address SAME		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares 1000		Class/Series	Par Value 0	
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.				

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.

File Date	3-5-09
Check No.	5653
By:	MME
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Edwin J. Madden
Date: 3/3/09
Print or Type Name: EDWIN J. MADDEN
Title: OWNER / PRESIDENT