



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. 18348		2. Name of Corporation Red Gate Motel, Inc.			
3. Street Address Principal Business Office 7650 Post Road			City North Kingstown	State Rhode Island	Zip 02852
4. Business Phone No. 401-295-5700		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Motel					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Francis M. Dwyer			Vice President Name Emily Ann Dwyer		
Street Address 106 Audubon Road			Street Address 106 Audubon Road		
City North Kingstown	State Rhode Island	Zip 02852	City North Kingstown	State Rhode Island	Zip 02852
Secretary Name Emily Ann Dwyer			Treasurer Name		
Street Address 106 Audubon Road			Street Address		
City North Kingstown	State Rhode Island	Zip 02852	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Emily Ann Dwyer			Director Name		
Street Address 106 Audubon Road			Street Address		
City North Kingstown	State Rhode Island	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 600	Class/Series Common	Par Value 1.00

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 FILED
Check No. MAR 06 2009
By: 2361
By _____ 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 Francis M. Dwyer Date 3/4/09
Print or Type Name FRANCIS M. DWYER
Title PRESIDENT