

A. Ralph Mollis, Secretary of State

Corporations Division

401.222.3010

148 W. River Street Providence: RI 02904-2615

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. I. Corporate ID No. 10800 2. Name of Corporation Shelter Harbor Inn, Inc. 3. Street Address Principal Business Office 10 Wagner Road State Ziti | *⊆it*ι Westerly RΙ 02891 ∃ Busmess Phone No 5. State of Incorporation 401-322-8883 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Same James T. Dev Street Address Street Address 10 Wagner Road City Stetle Ziti Westerly RI 02891 Secretary Name Treasurer Name Same Same Street Address Street Address City State ZipCity State Zip8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name James T. Dey Street Address Street Address 10 Wagner Road Gity Stetle ZipCity State ZipWesterly RΙ 02891 Director Name Director Name Street Address Street Address City State ZipCity State Zip 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Class/Serie: Par Value Number of Shares This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 1.00 8000 Α 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 FILED	_
Check FEB 2 6 2010	_
By: By 94/3	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I decla	are and affirm that I have examined this report.
contained herein are true and co	nedules and statements, and that all statements prect.
// cen-/	14-23/4/10
Signature	Dale
James T. Dey	
Print or Type Name	
President	
Title	Form 630 Rev. 08/08