



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
145 W. River Street  
Providence, RI 02903-2015  
001-222-3000

**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. § 1-2-101(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. § 1-2-101), shall be subject to a penalty fee of \$25.00.

1. Corporate ID No. 92844		2. Name of corporation BLOCK ISLAND ANCHOR HOUSE INN, INC.			
3. Street Address (Principal Business Office) Spring Street			4. City New Shoreham	5. State RI	6. Zip 02807
7. Corporate Phone No. 401-466-5021/401-466-5027		8. State of Incorporation RHODE ISLAND			
9. Brief Description of the Character of Business Conducted in Rhode Island To manage, operate and conduct the business of rooming houses.					
10. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
11. President Name Melissa O'Reilly			12. Vice President Name		
13. Street Address Spring Street			14. Street Address		
15. City New Shoreham	16. State RI	17. Zip 02807	18. City	19. State	20. Zip
21. Secretary Name Melissa O'Reilly			22. Treasurer Name Melissa O'Reilly		
23. Street Address Spring Street			24. Street Address Spring Street		
25. City New Shoreham	26. State RI	27. Zip 02807	28. City New Shoreham	29. State RI	30. Zip 02807
11. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
31. Director Name Gail F. Sanchez			32. Director Name Melissa O'Reilly		
33. Street Address 899 Pleasant Street			34. Street Address Spring Street		
35. City New Bedford	36. State MA	37. Zip 02740	38. City New Shoreham	39. State RI	40. Zip 02807
31. Director Name			32. Director Name		
33. Street Address			34. Street Address		
35. City	36. State	37. Zip	38. City	39. State	40. Zip
12. SHARES AUTHORIZED			13. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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		
			41. Number of Shares 100	42. Class Series NONE	43. Par Value -0-

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: 3-8-2010  
Check No.: 2639  
By: MMC

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: Melissa O'Reilly Date: 3/1/10  
Print or Type Name: Melissa O'Reilly  
Title: President