



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 02904-2611
401.222.3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 59245
2. Name of Corporation The Gothic Inn, Inc.

3. Street Address Principal Business Office Dodge Street
City Block Island State RI Zip 02807

4. Business Phone No. 401-466-2918
5. State of Incorporation Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island

Holding and operating rental property

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Bennet I. Wohl

Vice President Name

Kenneth Wohl

Street Address

Payne Road

Street Address

151 Kinderkamack Road

City Block Island State RI Zip 02807
City Westwood State NJ Zip 07675

Secretary Name

Bennet I Wohl

Treasurer Name

Kenneth Wohl

Street Address

Payne Road

Street Address

151 Kinderkamack Road

City Block Island State RI Zip 02807
City Westwood State NY Zip 07675

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Bennet I. Wohl

Director Name

Kenneth Wohl

Street Address

Payne Road

Street Address

151 Kinderkamack Road

City Block Island State RI Zip 02807
City Westwood State NJ Zip 07675

Director Name

Director Name

Street Address

Street Address

City State Zip
City State Zip

9. SHARES AUTHORIZED

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

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.

Number of Shares	Class/Series	Par Value
100	A	No Par Value

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. FEB 04 2011
By **12406**
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.

Bennet I. Wohl 1-24-11
Signature Date
BENNET I. WOHL
Print or Type Name
President
Title