

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

101.222.3040

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(ccrd)) is

| subject to a penalty fee of \$25.00.   |   |                   |   |                            |                        |
|--|---|-------------------|---|----------------------------|------------------------|
| 1 Corporate ID No.<br><b>57449</b>   | 2. Name of Corporation THE FRANCIS MALBONE HOUSE INN, INC |                   |   |                            |                        |
| 3 Street Address Principal Business Office<br>392 THAMES STREET  |   |                   | Ciry<br>NEWPORT   | State<br>RI                | 2φ<br>02840            |
| 4 Business Phone No. 401-846-0392  5 State of Incorporation RHODE ISLAND   |   |                   |   |                            |                        |
| 6. Brief Description of the Character of Bed and breakfast/inn   |   |                   |   |                            |                        |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC<br>President Name<br>Donald Desrosiers  |   |                   | CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  See Attached List |                            |                        |
| Street Address   | 502 INDI  |                   | Street Address  |                            |                        |
| ON MIDDLETOWN  | State<br>RI   | Xip 02842         | City  | State                      | Zip                    |
| Secretary Name Donald Desrosiers   |   |                   | Treasurer Name Donald Desorsiers  |                            |                        |
| Street Address   | 502 FNDI  | an ave m          | Street Address  | 502 INDI                   | an Ave. MM             |
| Cuy MIDDLETOWN   | State<br>RI   | 038 43            | CHY MIDDLETOWN  | State<br>RI                | 7.1p<br>038.1/3        |
| 8. NAMES AND ADDRESSES Director Name Donald Desrosiers   |   |                   | ACHMENT)   FILL IN SPACE Director Name  | CES BEFORE USING AT        | TACHMENTS              |
| Street Address 502 INDIAN AVE TO 02842   |   |                   | Street Address  |                            |                        |
| City MIDDLETOWN  | State<br>RI   | ХФ <b>02893</b> — | Ctty:   | State                      | Zip <b>A</b>           |
| Director Name  |   |                   | Director Same O 14 K  |                            |                        |
| Street Address   |   |                   | Street Address  |                            |                        |
| City   | State   | Zip               | City  | State                      | 74 <b>01</b>           |
| 9. SHARES AUTHORIZED   | 1   | I                 | 10. SHARES ISSUED ("X" ISSUED SHARES THIS SECTION                                       |                            | NT)                    |
| 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 Suries               | Par Value              |
|  |   |                   | 1500  | Common                     | None                   |
|  |   |                   | 100   | Common                     | None                   |
| This report must be executed this report must be executed  |   |                   | d representative. If the corpora  | ation is in the hands of a | a receiver or trustee, |

|                                 | Had as a solution of a prince. I dealors and offices that I have a propriet this report  |
|---------------------------------|--|
|                                 | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and the all statements |
| FILED File Date                 | consind herein are true and correct.   |
| Check No. MAR 3 0 2011          | Donald Desrosiers  |
| By: CA ADADO                    | Print or Type Name   |
| FOR SECRETARY OF STATE USE ONLY | President  |
| TOR SECRETARY OF STATE OF CARE  | Title Form 630 Rev. 08/08  |

# ATTACHMENT A TO PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

## THE FRANCIS MALBONE HOUSE INN, INC. ID #57449

## ADDITIONAL OFFICERS:

Vice President:Patricia Coussa12 Kay Street, Newport, RI 02840Vice President:Ann Marie Dubuque26 Baxter Street, Pawtucket, RI

Vice President:Linda Naiss188 Prospect Street, Newport, RI 02840Vice President:Brian Hart1 Guthrie Street, Newport, RI 02840Vice President:Elaine Hart1 Guthrie Street, Newport, RI 02840

## DIRECTORS:

Donald R. Desrosiers
Patricia Coussa
Ann Marie Dubuque

Linda Naiss Brian Hart Elaine Hart 502 INDIAN AVE MIDDLETOWN PL 1088 East Shore Road, Jamestown, RI 02835 02842

12 Kay Street, Newport, RI 02840 26 Baxter Street, Pawtucket, RI 188 Prospect Street, Newport, RI 02840

1 Guthrie Street, Newport, RI 02840 1 Guthrie Street, Newport, RI 02840