

A. Ralpb Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

401.222.3040

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.	2 Name of Componentia		****			
18348	Red Gate Mote	2. Name of Corporation Red Gate Motel, Inc.				
3. Street Address Principal Business Office 7650 Post Road			North Kingstown	State Rhode Island	<i>Zip</i> 02852	
4. Business Phone No. 401-295-5700 5. State of Incorporation Rhode Island						
 Brief Description of the Character of Motel 	of Business Conducted in	Rbode Island				
. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) FILL IN SP.	ACES BEFORE USING A	TTACHMENTS	
Francis M. Dwyer			Vice President Name			
			Emily Ann Dwyer			
Street Address 106 Audubon Road			Street Address 106 Audubon Road			
^{сиу} North Kingstown	Rhode Island	^{Zip} 02852	City North Kingstown	State Rhode Island	^{Ζίρ} 02852	
Secretary Name Emily Ann Dwyer			Treasurer Name	•	******************************	
Street Address 106 Audubon Road			Street Address			
North Kingstown	State Rhode Island	^{Zip} 02852	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT) Director Name Emily Ann Dwyer			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address			Street Address			
106 Audubon Road						
ny North Kingstown	State Rhode Island	<i>Ζψ</i> 02852	City	State	Zip	
director Name			Director Name			
Street Address			Street Address			
ity	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This is formal in the same of						
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.			600	Common	Par Value 1.00	
his report must be executed of	on behalf of the corp	poration by an authorize	d representative. If the corp	ooration is in the hands o	of a receiver or trustee	
nis report must be executed o	n behalf of the corpo	oration by the receiver of	or trustee.		,	
			Under penalty of perio	ury, I declare and affirm tha	t I have examined this rer	
y. CHEN		1	including any accomp	panying schedules and state	ments, and that all statem	
רובט			contained perein are t	rue and correct.		
ile Date		Ì	Jean	us m. 1)4	YEL	
APR 2 2 201	1		Signature		Date	
By. BY 3060			Francis M. Dw	ver A	pril 20, 2011	
			Print or Type Name	<i>.</i>	F 20, 2011	
			President			
FOR SECRETARY OF STAT	E USE ONLY		Title			
		1	11116		Form 630 Rev 08/08	