



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 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 84888		2. Name of Corporation Hamilton Village Inn, Inc.		
3. Street Address Principal Business Office 125 Steamboat Avenue			City North Kingstown	State RI
			Zip 02852	
4. Business Phone No. (401) 295-3361		5. State of Incorporation RI		
6. Brief Description of the Character of Business Conducted in Rhode Island Operation of a motor inn				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Donald G. Fraser		Vice President Name None		
Street Address 1 Central Street		Street Address		
City Narragansett	State RI	Zip 02882	City	State
Secretary Name Donald G. Fraser		Treasurer Name Donald G. Fraser		
Street Address Same as above		Street Address Same as above		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Donald G. Fraser		Director Name		
Street Address Same as above		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
		Number of Shares 25	Class/Series common	Par Value \$1.00 par value
		THIS SECTION MUST BE COMPLETED		

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.

FILED

File Date **FEB 28 2012**
 Check No. **By [Signature]**
11304
 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.

Donald G. Fraser **2/24/12**
 Signature Date
Donald G. Fraser
 Print or Type Name
President
 Title