



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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 2285		2. Name of Corporation Theatre-Inn, Inc.			
3. Street Address Principal Business Office 2625E Comm Oh Perry Highway			City Wakefield	State RI	Zip 02879
4. Business Phone No. 401-788-9409		5. State of Incorporation Virginia			
6. Brief Description of the Character of Business Conducted in Rhode Island Real Estate Holding Company					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Timothy Bontecou			Vice President Name None		
Street Address 4754 Route 44			Street Address		
City Millbrook	State NY	Zip 12545	City	State	Zip
Secretary Name Clive DuVal 3rd			Treasurer Name William Harris, Jr.		
Street Address 6841 Elm Street			Street Address 30 Washinee Heights Road		
City McLean	State VA	Zip 22101	City Salisbury	State CT	Zip 06068
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Laura H. Harris			Director Name Ruth Bontecou		
Street Address 2625E Comm Oh Perry Highway			Street Address 922 Chestnut Ridge Road		
City Wakefield	State RI	Zip 02879	City Millbrook	State NY	Zip 12545
Director Name Katherine DuVal			Director Name		
Street Address 6841 Elm Street			Street Address		
City McLean	State VA	Zip 22101	City	State	Zip
9. SHARES AUTHORIZED			10. 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		
			Number of Shares 600	Class/Series CNP	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.

FILED

File Date **MAR 01 2012**
 Check No. **By** *[Signature]*
 By: **1012**
 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] **2/27/12**
 Signature Date
 Laura H. Harris
 Print or Type Name
 Director
 Title