



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

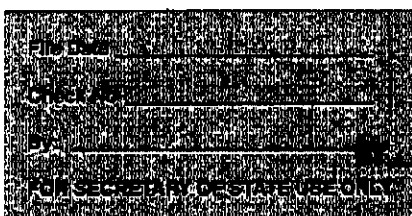
Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000121882</b>		2. Exact name of the limited liability company <b>Payne's Harbor View Inn LLC</b>	
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Inn</b>	
5. Principal office address <b>PO Box 1781</b>		City <b>Block Island</b>	State <b>RI</b> Zip <b>02807</b>
Contact Name <b>Carole Payne</b>		Contact Title <b>Owner</b>	
Street Address <b>Ocean Ave Box 1781</b>		City <b>Block Island</b>	State <b>RI</b> Zip <b>02807</b>
LIST ALL MANAGERS, PARTNERS, AND ADDRESSES OF THE LIMITED LIABILITY COMPANY. IT IS APPLICABLE TO ALL LIMITED LIABILITY COMPANIES. DO NOT LIST MEMBERS. FOR BOX FOR ATTACHMENTS <input type="checkbox"/>			
Manager Name <b>Carole Payne</b>		Manager Name	
Street Address <b>111 Beach Ave Box 1781</b>		Street Address	
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Block Island</b> State <b>RI</b> Zip <b>02807</b>
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip

### 6. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.



**FILED**

NOV 28 2012

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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 of Authorized Person

Date

Print or Type Name of Authorized Person