



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>35053</b>		2. Exact name of the Corporation <b>PEDDERS INN INC</b>			
3. Principal office address <b>94 MIDDLE ST</b>			City <b>PAWT.</b>	State <b>RI.</b>	Zip <b>02860</b>
4. Business Phone No. <b>401-724-1307</b>			5. State of Incorporation <b>R.I.</b>		
6. Brief description of the character of business conducted in Rhode Island <b>PUB</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>C. J. BRADY</b>			Vice-President Name <b>SAME</b>		
Street Address <b>94 MIDDLE ST</b>			Street Address <b>"</b>		
City <b>PAWT.</b>	State <b>RI.</b>	Zip <b>02860</b>	City <b>"</b>	State <b>"</b>	Zip <b>"</b>
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address <b>"</b>			Street Address <b>"</b>		
City <b>"</b>	State <b>"</b>	Zip <b>"</b>	City <b>"</b>	State <b>"</b>	Zip <b>"</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>n/a</b>			Director Name <b>n/a</b>		
Street Address <b>"</b>			Street Address <b>"</b>		
City <b>"</b>	State <b>"</b>	Zip <b>"</b>	City <b>"</b>	State <b>"</b>	Zip <b>"</b>
Director Name <b>n/a</b>			Director Name <b>n/a</b>		
Street Address <b>"</b>			Street Address <b>"</b>		
City <b>"</b>	State <b>"</b>	Zip <b>"</b>	City <b>"</b>	State <b>"</b>	Zip <b>"</b>
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.			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>A</b>	PAR VALUE <b>N/A</b>

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 \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
 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.

NOV 29 2012

BY 184326 CJ Brady 11/27/12  
 Signature of Authorized Representative Date

DS CJ Brady  
 Print or Type Name of Authorized Representative