



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 2013

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. 46855		2. Exact name of the Corporation HUMPHRIES, INC.			
3. Principal office address c/o 1661 Inn, Spring Street			City Block Island	State RI	Zip 02807
4. Business Phone No. 466-2677			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Restaurant					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rita A. Draper			Vice-President Name Steven J. Draper		
Street Address PO Box I			Street Address PO Box I		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Rita A. Draper			Treasurer Name Justin Abrams		
Street Address PO Box I			Street Address PO Box I		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Rita A. Draper			Director Name Steven J. Draper		
Street Address PO Box I			Street Address PO Box I		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name Justin Abrams			Director Name		
Street Address PO Box I			Street Address		
City Block Island	State RI	Zip 02807	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			4,000	Common	.01

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 08 2013

BY *MNC*

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 Representative

Date

Rita A. Draper, Secretary

Print or Type Name of Authorized Representative

Ch # 30163