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.	2. Exact name of the Corporation
46855	HUMPHRIES, INC.

3. Principal office address	City	State	Zip
c/o 1661 Inn, Spring Street	Block Island	RI	02807

4. Business Phone No.	5. State of Incorporation
466-2677	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) ☐

President Name	Street Address	City	State	Zip
Rita A. Draper	PO Box I	Block Island	RI	02807

Vice-President Name	Street Address	City	State	Zip
Steven J. Draper	PO Box I	Block Island	RI	02807

Secretary Name	Street Address	City	State	Zip
Rita A. Draper	PO Box I	Block Island	RI	02807

Treasurer Name	Street Address	City	State	Zip
Justin Abrams	PO Box I	Block Island	RI	02807

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Rita A. Draper	PO Box I	Block Island	RI	02807

Director Name	Street Address	City	State	Zip
Steven J. Draper	PO Box i	Block Island	RI	02807

Director Name	Street Address	City	State	Zip
Justin Abrams	PO Box I	Block Island	RI	02807

Director Name	Street Address	City	State	Zip

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) ☐

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.

FILED
JAN 0 8 2013

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY
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.

Rita a Draper 12/26/12
Signature of Authorized Representative Date

Rita A. Draper, Secretary
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

Ch # 30163