



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. 2285		2. Exact name of the Corporation Theatre-Inn, Inc.			
3. Principal office address 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 1715 Andalusia Avenue			Street Address 30 Washinee Heights Road		
City Venice	State CA	Zip 90291	City Salisbury	State CT	Zip 06068
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 1715 Andalusia Avenue			Street Address		
City Venice	State CA	Zip 90291	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
			600	CNP	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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

BY

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 21 2013

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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.

*Jenna H. Harris*  
Signature of Authorized Representative

2/18/2013

Date

Laura H. Harris

Print or Type Name of Authorized Representative

Director