



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 **2014**

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. 90662		2. Exact name of the Corporation EHI SK Holdings, Inc.		
3. Principal office address 1140 Reservoir Avenue		City Cranston	State RI	Zip 02920
4. Business Phone No. 401-946-4600		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island Acting as the outside member of South Kingstown Hotel Associates, LLC whose purpose is to own a certain parcel of real property, together with all improvements located in the Town of South Kingstown				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Elizabeth A. Procaccianti		Vice-President Name None		
Street Address 1140 Reservoir Avenue		Street Address		
City Cranston	State RI	Zip 02920	City	State Zip
Secretary Name Elizabeth A. Procaccianti		Treasurer Name Elizabeth A. Procaccianti		
Street Address 1140 Reservoir Avenue		Street Address 1140 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Elizabeth A. Procaccianti		Director Name None		
Street Address 1140 Reservoir Avenue		Street Address		
City Cranston	State RI	Zip 02920	City	State Zip
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	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
		100	Common	\$1.00

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: _____

FILED

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

Elizabeth A. Procaccianti, President

Print or Type Name of Authorized Representative

1-20-14

JAN 22 2014

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