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. 18348	2. Exact name of the Corporation: Red Gate Motel Inc.		
3. Principal office address: 7650 Post Road	City: N. Kingstown	State: RI	Zip: 02852
4. Business Phone No.: 401 295-5700 2944852	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: Motel			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Francis M Dwyer			Vice-President Name: Emmy Dwyer		
Street Address: 106 Audubon Rd			Street Address: 106 Audubon Rd		
City: N. Kingstown	State: RI	Zip: 02852	City: N. Kingstown	State: RI	Zip: 02852
Secretary Name: Emmy Dwyer			Treasurer Name: Francis Dwyer		
Street Address: 106 Audubon Rd			Street Address: 106 Audubon Rd		
City: NK	State: RI	Zip: 02852	City: NK	State: RI	Zip: 02852

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

Director Name: Emmy Dwyer			Director Name: Francis Dwyer		
Street Address: 106 Audubon Rd			Street Address: 106 Audubon Rd		
City: NK	State: RI	Zip: 02852	City: NK	State: RI	Zip: 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	600	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.

FILED
MAR 24 2014
BY 3830

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.

Francis M Dwyer 3/20/14
Signature of Authorized Representative Date

FRANCIS M. DWYER
Print or Type Name of Authorized Representative