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.	2. Exact name of the Corporation			
18348	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	Street Address	City	State	Zip
Francis M Dwyer	106 Audubon Rd	N. Kingstown	RI	02852

Vice-President Name	Street Address	City	State	Zip
Emmy Dwyer	106 Audubon Rd	N. Kingstown	RI	02852

Secretary Name	Street Address	City	State	Zip
Emmy Dwyer	106 Audubon Rd	NK	RI	02852

Treasurer Name	Street Address	City	State	Zip
Francis Dwyer	106 Audubon Rd	NK	RI	02852

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

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

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

Director Name	Street Address	City	State	Zip

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
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

Form No. 630
Revised: 01/2012