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 2015

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
790811	MISQUAMICUT BEACH FRONT INN, INC.

3. Principal office address	City	State	Zip
145 Atlantic Avenue	Westerly	RI	02891

4. Business Phone No.	5. State of Incorporation
(401) 596-5294	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Own and operate inn, restaurant and recreational facility

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

President Name	Street Address	City	State	Zip
Zedi Redzepi	P.O. Box 1386	Westerly	RI	02891

Vice-President Name	Street Address	City	State	Zip
Sami Redzepi	P.O. Box 1386	Westerly	RI	02891

Secretary Name	Street Address	City	State	Zip
Mirigjil Redzepi	P.O. Box 1386	Westerly	RI	02891

Treasurer Name	Street Address	City	State	Zip
Afet Redzepi	P.O. Box 1386	Westerly	RI	02891

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

Director Name	Street Address	City	State	Zip
Zedi Redzepi	P.O. Box 1386	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
Sami Redzepi	P.O. Box 1386	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
Mirigjil Redzepi	P.O. Box 1386	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
Afet Redzepi	P.O. Box 1386	Westerly	RI	02891

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
1,000	Common	No Par

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: FILED
Check No.
By:
FOR SECRETARY OF STATE USE ONLY
DEC 23 2014
1059

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.

Zedi Redzepi 12/22/14
Signature of Authorized Representative Date

Zedi Redzepi
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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