



**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 2016**

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. <b>2529</b>		2. Exact name of the Corporation <b>BLOCK ISLAND RESORTS, INC.</b>								
3. Principal office address <b>c/o 1661 INN, SPRING STREET</b>			City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>					
4. Business Phone No. <b>466-2421</b>		5. State of Incorporation <b>RHODE ISLAND</b>								
6. Brief description of the character of business conducted in Rhode Island <b>TO OWN, MANAGE AND OPERATE A HOTEL</b>										
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>										
President Name <b>RITA A. DRAPER</b>			Vice-President Name <b>STEVEN B. DRAPER</b>							
Street Address <b>PO BOX I</b>			Street Address <b>PO BOX BOX I</b>							
City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>					
Secretary Name <b>RITA A. DRAPER</b>			Treasurer Name <b>JUSTIN ABRAMS</b>							
Street Address <b>PO BOX I</b>			Street Address <b>PO BOX I</b>							
City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>					
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>										
Director Name <b>RITA A. DRAPER</b>			Director Name <b>STEVEN J. DRAPER</b>							
Street Address <b>PO BOX I</b>			Street Address <b>PO BOX I</b>							
City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>					
Director Name <b>JUSTIN ABRAMS</b>			Director Name <b>SETH DRAPER</b>							
Street Address <b>PO BOX I</b>			Street Address <b>PO BOX I</b>							
City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>					
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>							
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		
						100,100	COMMON	.01		

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: \_\_\_\_\_  
**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.

*Rita A. Draper* 1/4/16  
 Signature of Authorized Representative Date  
**RITA A. DRAPER, PRES. AND SEC.**  
 Print or Type Name of Authorized Representative

**FILED**

**JAN 06 2016**

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