



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. 59245		2. Exact name of the Corporation The Gothic Inn, Inc.			
3. Principal office address Dodge Street		City Block Island	State RI	Zip 02807	
4. Business Phone No. 401-466-2918		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Holding and operating rental property					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bennet I. Wohl			Vice-President Name Kenneth Wohl		
Street Address P. O. Box 537			Street Address 151 Kinderkamack Road		
City Block Island	State RI	Zip 02807	City Westwood	State NJ	Zip 07675
Secretary Name Bennet I. Wohl			Treasurer Name Kenneth Wohl		
Street Address P. O. Box 537			Street Address 151 Kinderkamack Road		
City Block Island	State RI	Zip 02807	City Westwood	State NJ	Zip 07675
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bennet I. Wohl			Director Name Kenneth Wohl		
Street Address P. O. Box 537			Street Address 151 Kinderkamack Road		
City Block Island	State RI	Zip 02807	City Westwood	State NJ	Zip 07675
Director Name			Director Name		
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	A	No Par Value

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

Form No. 630

Revised: 01/2012

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

Print or Type Name of Authorized Representative

FILED

FEB 04 2016

BY KL 13542

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BENNET WOHL