



**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>526276</b>		2. Exact name of the Corporation <b>Goat Island, Inc.</b>					
3. Principal office address <b>5 Marina Plaza</b>				City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
4. Business Phone No. <b>401-849-6683</b>				5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>To conduct business within real estate holdings.</b>							
President Name <b>Thomas R. Roos</b>				Vice-President Name <b>None</b>			
Street Address <b>P.O. Box 6871</b>				Street Address			
City <b>Incline Village</b>	State <b>NV</b>	Zip <b>89450</b>		City	State	Zip	
Secretary Name <b>Thomas R. Roos</b>				Treasurer Name <b>Thomas R. Roos</b>			
Street Address <b>P.O. Box 6871</b>				Street Address <b>P.O. Box 6871</b>			
City <b>Incline Village</b>	State <b>NV</b>	Zip <b>89450</b>		City <b>Incline Village</b>	State <b>NV</b>	Zip <b>89450</b>	
Director Name <b>Thomas R. Roos</b>				Director Name			
Street Address <b>P.O. Box 6871</b>				Street Address			
City <b>Incline Village</b>	State <b>NV</b>	Zip <b>89450</b>		City	State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
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	
				0	stk	\$0.1	

**FILED**

**MAR 01 2016**

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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.

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: Michael Lonnahan Date: 2/25/16  
 Print or Type Name of Authorized Representative: Michael Lonnahan