RI SOS Filing Number: 201609525130 Date: 09/27/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

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1. Entity ID Number	2. Exact name of the Limited Liability Company
152943	**CORNERSTONE INN, LLC**
3. NAICS Code 72 - Accommodation and Food	4. Brief description of the character of business conducted in Rhode Island **TO OPERATE AN INN**
5. State of Formation **RHODE ISLAND**	

6. Principal Office Address	City	State	Zip
236 POST ROAD	**WESTERLY**	**RI**	**02891**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
SHEILIA T. BEATTIE			
Street Address **236 POST ROAD**	City **WESTERLY**	State **RI**	Zip **02891**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
STANTON J. TERRANOVA, SR.					
Street Address **P.O. BOX 1965**			Street Address		
City **WESTERLY**	State **RI**	Zip **02891**	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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.

Name of Authorized Person	Date
SHEILIA T. BEATTIE	9/22/16

Signature of Authorized Person SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
SEP 27 2016
By 284549

142561-2-1131765

FORM 632 - Revised: 08/2016