



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 34875		2. Exact name of the Corporation Seaview Station, Inc.		
3. Principal Office Address 125 Steamboat Avenue		City North Kingstown	State RI	Zip 02852
4. NAICS Code 72 - Accommodation and Food	6. Brief description of the character of business conducted in Rhode Island Operation of a motor inn			
5. State of Incorporation RI				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Donald G. Fraser		Vice-President Name Allison B. Fraser		
Street Address 1 Central Street		Street Address 642 Boston Neck Road		
City Narragansett	State RI	Zip 02882	City North Kingstown	State RI
Secretary Name Allison B. Fraser		Treasurer Name Donald G. Fraser		
Street Address 642 Boston Neck Road		Street Address 1 Central Street		
City North Kingstown	State RI	Zip 02852	City Narragansett	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Donald G. Fraser		Director Name		
Street Address 1 Central Street		Street Address		
City Narragansett	State RI	Zip 02882	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State.				
Changes require an additional filing.				
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>		
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
1000		Common		\$1.00 par value
11. 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.				
Name of Authorized Representative Donald G. Fraser, President				Date 1/13/17
Signature of Authorized Representative <i>Donald G. Fraser</i>				FILED JAN 23 2017

MAIL TO:
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Website: www.sos.ri.gov

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