



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 790811		2. Exact name of the Corporation MISQUAMICUT BEACH FRONT INN, INC			
3. Principal Office Address 145 Atlantic Avenue			City Westerly	State RI	Zip 02891
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Own and operate inn, restaurant, and recreational facility			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Zedi Redzepi			Vice-President Name Sami Redzepi		
Street Address P. O. Box 1386			Street Address P. O. Box 1386		
City Westerly	State RI	Zip	City Westerly	State RI	Zip
Secretary Name Mirigjil Redzepi			Treasurer Name Afet Redzepi		
Street Address P. O. Box 1386			Street Address P. O. Box 1386		
City Westerly	State RI	Zip	City Westerly	State RI	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Zedi Redzepi			Director Name Sami Redzepi		
Street Address P. O. Box 1386			Street Address P. O. Box 1386		
City Westerly	State RI	Zip	City Westerly	State RI	Zip
Director Name Mirigjil Redzepi			Director Name Afet Redzepi		
Street Address P. O. Box 1386			Street Address P. O. Box 1386		
City Westerly	State	Zip	City Westerly	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000		Common	None
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 Zedi Redzepi, President				Date 2/13/2017	
Signature of Authorized Representative <i>Zedi Redzepi</i>				FILED	

FILED
FEB 15 2017
 BY 1105
Id

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