



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 80238		2. Exact name of the Corporation Green Hill Beach Motel, Inc.			
3. Principal Office Address 644 Gravelly Hill Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island To engage generally in the motel business and related businesses.			
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 Anthony B. Brogi, Jr.			Vice-President Name None		
Street Address P. O. Box 24			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Secretary Name Margaret L. Hogan			Treasurer Name Anthony B. Brogi, Jr.		
Street Address 344 Main Street, Suite 200			Street Address same as above		
City Wakefield	State RI	Zip 02879	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	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
			300		Common
					PAR VALUE
					No 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 Anthony B. Brogi, Jr.				Date 2/23/2017	
Signature of Authorized Representative <i>Anthony B. Brogi, Jr.</i>					

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

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FEB 27 2017

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