



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 76032		2. Exact name of the Corporation Historic Resorts, Inc.			
3. Principal Office Address 5 Marina Plaza			City Newport	State RI	Zip 02840
4. NAICS Code 53		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF REAL ESTATE AND OWNERSHIP.			
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 Thomas R Roos			Vice-President Name None		
Street Address P.O. Box 6871			Street Address		
City Incline Village	State NV	Zip 89450	City	State	Zip
Secretary Name Thomas R Roos			Treasurer Name Thomas R Roos		
Street Address P.O. Box 6871			Street Address P.O. Box 6871		
City Incline Village	State NV	Zip 89450	City Incline Village	State NV	Zip 89450
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas R Roos			Director Name		
Street Address P.O. Box 6871			Street Address		
City Incline Village	State NV	Zip 89450	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		PAR VALUE
			CLASS/SERIES		
			1000	CWP	\$.01
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 Michael Lennahan					Date 3/2/17
Signature of Authorized Representative Michael Lennahan					

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
 MAR 06 2017
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