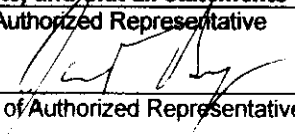


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 <u>10800</u>		2. Exact name of the Corporation <u>Shelter Harbor Inn, Inc.</u>			
3. Principal Office Address <u>10 Wagner Road</u>		City <u>Westerly</u>		State <u>RI</u>	Zip <u>02891</u>
4. NAICS Code <u>72</u>		6. Brief description of the character of business conducted in Rhode Island <u>Food Service and Lodging</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>James T. Dey</u>			Vice-President Name		
Street Address <u>10 Wagner Road</u>			Street Address		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City	State	Zip
Secretary Name <u>Same</u>			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>James T. Dey</u>			Director Name		
Street Address <u>10 Wagner Road</u>			Street Address		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>8,000</u>			
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. <i>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.</i>					
Name of Authorized Representative <u>James T. Dey</u>				Date <u>3/31/17</u>	
Signature of Authorized Representative 					

**FILED** *DZ*

APR 03 2017

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