



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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 OCT -2 PM 3:35
SECRETARY OF STATE
USE ONLY

Annual Report for the year: 2017
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 152943		2. Exact name of the Limited Liability Company CORNERSTONE INN, LLC			
3. NAICS Code 721191		4. Brief description of the character of business conducted in Rhode Island TO OPERATE AN INN			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 236 POST ROAD		City WESTERLY		State RI	Zip 02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name SHEILIA T. BEATTIE		Contact Title			
Street Address 236 POST ROAD		City WESTERLY		State RI	Zip 02891
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name STANTON J. TERRANOVA, SR.		Manager Name			
Street Address P.O. BOX 1965		Street Address			
City WESTERLY	State RI	Zip 02891	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person SHEILIA T. BEATTIE				Date 9/27/17	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

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

OK 7402

FILED

OCT 02 2017

BY CK 313857