



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 64807		2. Name of Corporation Gables Inn, Inc.			
3. Street Address Principal Business Office Dodge Street			City New Shoreham	State RI	Zip 02807
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 7096
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATING AN INN ON BLOCK ISLAND					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stanley Nyzio			Vice President Name Barbara Nyzio		
Street Address Dodge Street, P.O. Box 516			Street Address Dodge Street, P.O. Box 516		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Barbara Nyzio			Treasurer Name Stanley Nyzio		
Street Address Dodge Street, P.O. Box 516			Street Address Dodge Street, P.O. Box 516		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stanley Nyzio			Director Name Barbara Nyzio		
Street Address Dodge Street, P.O. Box 516			Street Address Dodge Street, P.O. Box 516		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		200		.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

DEC 30 2005

BY **AMF**
85861

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.

K. Erik Wallin
Signature of Officer **12/30/05**
Date

K. Erik Wallin
Print or Type Name of Officer
Assistant Secretary
Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 64807		2. Name of Corporation Gables Inn, Inc.			
3. Street Address Principal Business Office Dodge Street			City New Shoreham	State RI	Zip 02807
4. Business Phone No		5. State of Incorporation RHODE ISLAND			6. SIC Code 7096
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATING AN INN ON BLOCK ISLAND					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stanley Nyzio			Vice President Name Barbara Nyzio		
Street Address Dodge Street, PO Box 516			Street Address Dodge Street, PO Box 516		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Barbara Nyzio			Treasurer Name Stanley Nyzio		
Street Address Dodge Street, PO Box 516			Street Address Dodge Street, PO Box 516		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stanley Nyzio			Director Name Barbara Nyzio		
Street Address Dodge Street, PO Box 516			Street Address Dodge Street, PO Box 516		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			200		0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

OCT 15 2004

By K. Erik Wallin
C. M. Gray

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.

K. Erik Wallin 10/12/04
Signature of Officer Date

K. Erik Wallin
Print or Type Name of Officer

Assistant Secretary
Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Addendum to Annual Report

Additional Officers:

Assistant Secretary

John S. Pfarr
37 Sunset Terrace
Essex, CT 06426

Assistant Secretary

K. Erik Wallin
228 High Street
Wakefield, RI 02879

FILED

OCT 15 2004



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **64807** 2. Name of Corporation **Gables Inn, Inc.**
3. Street Address Principal Business Office **Dodge Street** City **New Shoreham** State **RI** Zip **02807**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7096**

7. Brief Description of the Character of Business Conducted in Rhode Island

Operating an Inn on Block Island

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Stanley Nyzio	Vice President Name Barbara Nyzio
Street Address Dodge Street, P.O. Box 516	Street Address Dodge Street, P.O. Box 516
City State Zip Block Island RI 02807	City State Zip Block Island RI 02807
Secretary Name Barbara Nyzio	Treasurer Name Stanley Nyzio
Street Address Dodge Street, P.O. Box 516	Street Address Dodge Street, P.O. Box 516
City State Zip Block Island RI 02807	City State Zip Block Island RI 02807

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Stanley Nyzio	Director Name Barbara Nyzio
Street Address Dodge Street, P.O. Box 516	Street Address Dodge Street, P.O. Box 516
City State Zip Block Island RI 02807	City State Zip Block Island RI 02807
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
200

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
JUN 12 12 11 PM '03

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 8 0 7 *

File Date: 6-20-03
Check No.: 8095
By: [Signature]

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.

[Signature] June 10, 2003
Signature of Officer Date

K. Erik Wallin
Print or Type Name of Officer

Assistant Secretary
Title of Officer

Assistant Secretary Name

K. Erik Wallin

Street Address

35 Blue Ridge Drive

City *State* *Zip*

Charlestown **RI** **02813**

Assistant Secretary Name

John S. Pfarr

Street Address

319 Hope Street, 1st Floor

City *State* *Zip*

Providence **RI** **02906**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64807** 2. Name of Corporation **Gables Inn, Inc.**
3. Street Address Principal Business Office **P.O. Box 516 Dodge Street** City **Block Island** State **RI** Zip **02807**
4. Business Phone No. **401-466-2213** 5. State of Incorporation **Rhode Island** 6. SIC Code **7096**
7. Brief Description of the Character of Business Conducted in Rhode Island
Inn

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Stanley Nyzio Street Address P.O. Box 516 City Block Island State RI Zip 02807 Secretary Name Stanley Nyzio Street Address Same as above City Block Island State RI Zip 02807	Vice President Name Barbara Nyzio Street Address P.O. Box 516 City Block Island State RI Zip 02807 Treasurer Name Barbara Nyzio Street Address Same as above City Block Island State RI Zip 02807
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

~~All Officers Are Directors~~

Director Name Stanley Nyzio Street Address P.O. Box 516 City Block Island State RI Zip 02807	Director Name Barbara Nyzio Street Address P.O. Box 516 City Block Island State RI Zip 02807
---------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES **600**
Number of Shares **600** Class/Series **NO** Par Value **COM**

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES **100**
Number of Shares **100** Class/Series **Common** Par Value **No Par**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3/12/01
Check No.: 7020
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.
Signature of Officer: [Signature] Date: 3/12/01
Print or Type Name of Officer: STANLEY NYZIO
Title of Officer: Pres.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64807 2. Name of Corporation Gables Inn, Inc.
3. Street Address Principal Business Office P.O. Box 516 Dodge Street City Block Island State RI Zip 02807
4. Business Phone No. 401-466-2213 5. State of Incorporation Rhode Island 6. SIC Code 7096
7. Brief Description of the Character of Business Conducted in Rhode Island Inn

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Stanley Nyzio</u> Street Address <u>P.O. Box 516</u> City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u> Secretary Name <u>Stanley Nyzio</u> Street Address <u>same as above</u> City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	Vice President Name <u>Barbara Nyzio</u> Street Address <u>P.O. Box 516</u> City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u> Treasurer Name <u>Barbara Nyzio</u> Street Address <u>same as above</u> City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>All Officers are Directors</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Director Name <u></u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>
---------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES 600
Number of Shares Class/Series Par Value
600 SHS No PAR COM

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES 100
Number of Shares Class/Series Par Value
100 Common No Par

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
JAN 10 10 13 AM '01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: JAN 10 2001

Check No.: 254093

By: Stanley Nyzio

FOR SECRETARY OF STATE USE ONLY

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.

Stanley Nyzio 12/29/00
Signature of Officer Date

Stanley Nyzio
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64807
2. Name of Corporation Gables Inn, Inc.
3. Street Address Principal Business Office P.O. Box 516 Dodge Street Block Island RI 02807
4. Business Phone No. 401-466-2213 5. State of Incorporation Rhode Island 6. SIC Code 7096
7. Brief Description of the Character of Business Conducted in Rhode Island Inn

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Stanley Nyzio Street Address P.O. Box 516 City Block Island State RI Zip 02807	Vice President Name Barbara Nyzio Street Address P.O. Box 516 City Block Island State RI Zip 02807
Secretary Name Stanley Nyzio Street Address Same as above City State Zip	Treasurer Name Barbara Nyzio Street Address same as above City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name All Officers Are Directors Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES 600
Number of Shares Class/Series Par Value
600 SHS NO PAR COM

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES 100
Number of Shares Class/Series Par Value
100 Common

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
JAN 10 10 13 AM '01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: _____

JAN 10 2001

Check No.: _____

By: UB 254093

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Stanley Nyzio 12/29/00
Signature of Officer Date

Stanley Nyzio
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64807 2. Name of Corporation Gables Inn, Inc.
3. Street Address Principal Business Office P.O. Box 516 Dodge Street City Block Island State RI Zip 02807
4. Business Phone No. 401-466-2213 5. State of Incorporation Rhode Island 6. SIC Code 7096
7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Stanley Nyzio</u> Street Address <u>P.O. Box 516</u> City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	Vice President Name <u>Barbara Nyzio</u> Street Address <u>P.O. Box 516</u> City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>
Secretary Name <u>Stanley Nyzio</u> Street Address <u>same as above</u> City _____ State _____ Zip _____	Treasurer Name <u>Barbara Nyzio</u> Street Address <u>same as above</u> City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>All Officers Are Directors</u> Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES 600
Number of Shares 600 SHS Class/Series No Par Value PAR COM

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES 100
Number of Shares 100 Class/Series Common

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
JAN 10 10 13 AM '01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: JAN 10 2001

Check No.: By KD 254093

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Stanley Nyzio 12/29/01
Signature of Officer Date

Stanley Nyzio
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64807
2. Name of Corporation Gables Inn, Inc.
3. Street Address Principal Business Office P.O. Box 516 Dodge Street Block Island RI 02807
4. Business Phone No. 401-466-2213 5. State of Incorporation Rhode Island 6. SIC Code 7096
7. Brief Description of the Character of Business Conducted in Rhode Island

Inn

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Stanley Nyzio Street Address P.O. Box 516 City Block Island RI 02807	Vice President Name Barbara Nyzio Street Address P.O. Box 516 City Block Island RI 02807
Secretary Name Stanley Nyzio Street Address same as above City State Zip	Treasurer Name Barbara Nyzio Street Address same as above City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name All Officers Are Directors Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES 600
Number of Shares Class/Series Par Value
600 SHS NO PAR COM

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES 100
Number of Shares Class/Series Par Value
100 SHS NO PAR COM

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
JAN 10 10 13 AM '01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: JAN 10 2001

Check No.: By hp 254093

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Stanley Nyzio 12/29/00
Signature of Officer Date

Stanley Nyzio
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 64807		2. NAME OF CORPORATION Gables Inn, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE Box 516		CITY Block Island	STATE R.I.
4. BUSINESS PHONE NO. 401-466-2213		5. STATE OF INCORPORATION RHODE ISLAND	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Rooming House		8. SIC CODE 7096	

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME STANLEY NYZIO			VICE PRESIDENT NAME BARBARA NYZIO		
STREET ADDRESS Box 516			STREET ADDRESS Box 516		
CITY Block Island	STATE R.I.	ZIP CODE 02807	CITY Block Island	STATE R.I.	ZIP CODE 02807
SECRETARY NAME BARBARA NYZIO			TREASURER NAME STANLEY NYZIO		
STREET ADDRESS Box 516			STREET ADDRESS Box 516		
CITY Block Island	STATE R.I.	ZIP CODE 02807	CITY Block Island	STATE R.I.	ZIP CODE 02807

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR VAL		100	Common	No Par Value

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 2/1/96

Check No: 4160

By: *[Signature]*

For Secretary of State Use Only

[Signature]
Signature of Officer

STANLEY NYZIO
Print or Type Name of Officer

PRESIDENT
Title of Officer

1/17/96
Date



ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0064807 Annual Report for the year: 1995

Name of Corporation: GABLES INN, INC.

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

Brief statement of the character of business conducted in Rhode Island:

MOTEL

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

DODGE STREET
PO BOX 516
BLOCK ISLAND RT 02807

Phone: (401) 466-2213

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>STANLEY NYZIO</u>	<u>SAME</u>	
VICE PRESIDENT	<u>BARBARA NYZIO</u>	<u>SAME</u>	
SECRETARY	<u>STANLEY NYZIO</u>	<u>SAME</u>	
TREASURER	<u>BARBARA NYZIO</u>	<u>SAME</u>	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>600</u>	<u>COMMON / NONE</u>	<u>200</u>	<u>COMMON / NONE</u>

Date: October 13, 1995

By: [Signature]

PRINT OR TYPE NAME OF OFFICER SIGNING: STANLEY NYZIO
 TITLE OF OFFICER SIGNING: PRESIDENT

Form 31 1995

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PAID
 RID 4054
 OCT 25 1995
 SECY OF STATE

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

RC 3040

Corporate ID: 0064807 Annual Report for the year: 1994

Name of Business Entity: Gables Inn, Inc.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island: (Provide street address - Not P.O. Box):

P.O. BOX 516 DODGE STREET
BLOCK ISLAND RI 02807

Phone: (401) 466-2213

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

STANLEY NYZIO, PRESIDENT
PO BOX 516
BLOCK ISLAND RI 02807

Brief statement of the character of business conducted in Rhode Island:

MOTEL

Date of Organization 6-7-91

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>STANLEY NYZIO</u>	<u>SAME</u>		
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>BARBARA NYZIO</u>	<u>SAME</u>		
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>STANLEY NYZIO</u>	<u>SAME</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>BARBARA NYZIO</u>	<u>SAME</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>600</u>	NUMBER <u>200</u>
CLASS <u>Common</u>	CLASS <u>Common</u>
SERIES <u>NONE</u>	SERIES <u>NONE</u>
PAR VALUE OR WITHOUT PAR <u>NO PAR VALUE</u>	PAR VALUE OR WITHOUT PAR <u>NO PAR VALUE</u>

Date 5/13, 1994

By [Signature]
STANLEY NYZIO
PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form I.L.C. 3 must be filed

STANLEY NYZIO
BOX 516, DODGE STREET
BLOCK ISLAND RI 02807

Filing Fee \$50.00

2665 9/93

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0054807 Annual Report for the year 1993

FIRST: The name of the corporation is Gables Inn, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is motel

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island P.O. Box 516, Dodge St.
Block Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)		
<u>Stanley Nyzio</u>	<u>Director</u>	<u>Dodge St</u>	<u>Block Is.</u>	<u>RI 02807</u>
<u>Barbara Nyzio</u>	<u>Director</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<u>Director</u>			
<u>Stanley Nyzio</u>	<u>President</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Barbara Nyzio</u>	<u>Vice President</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Stanley Nyzio</u>	<u>Secretary</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Barbara Nyzio</u>	<u>Treasurer</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>Common</u>	<u>None</u>	<u>PAID</u> <u>SEP 01 1993</u> <u>No Par Value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>Common</u>	<u>None</u>	<u>SECY OF STAT.</u> <u>No Par Value</u>

Dated Aug 16 1993

Gables Inn, Inc.
(Name of Corporation)

By Stanley Nyzio
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

1864 913

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0094807 Annual Report for the year 1992

FIRST: The name of the corporation is Gables Inn, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rooming house

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island P.O. Box 516 Dodge St
Block Island, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Stanley D. Nuzio</u>	<u>Director</u>	<u>Dodge St., Block Island</u>
<u>Barbara E. Nuzio</u>	<u>Director</u>	<u>Same as Above</u>
	<u>Director</u>	
<u>Stanley Nuzio</u>	<u>President</u>	<u>Same as Above</u>
<u>Barbara Nuzio</u>	<u>Vice President</u>	<u>/ / /</u>
<u>Barbara Nuzio</u>	<u>Secretary</u>	<u>/ / /</u>
<u>Stanley Nuzio</u>	<u>Treasurer</u>	<u>/ / /</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>Common</u>	<u>None PAID</u>	<u>No Par Value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>Common</u>	<u>none</u>	<u>No Par Value</u>

Dated 9/14 19 92

Gables Inn, Inc.
(Name of Corporation)

By Stanley Nuzio