

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FECEIVED SECRETARY OF STATE CORPORATIONS DIV

2018 SEP 17 AN 10: 37

Annual Report for the year: 2018

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	1	2. Exact name of the Limited Liability Company CORNERSTONE INN, LLC				
3. NAICS Code	4. Brief desc	Brief description of the character of business conducted in Rhode Island				
721191	TO OPERA	TO OPERATE AN INN				
5. State of Formation RHODE ISLAND						
6. Principal Office Address	<u> </u>		City	State	Zip	
236 POST ROAD			WESTERLY	RI	02891	
7. Mailing Address of Limited I	iability Compan	y and Name or Ti	tle of Contact Person			
Conlact 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 Lia	bility Company, IF APPLICAE	BLE - 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	Złp	City	State	Zip	
	<u></u>	l		Check the box to it	ndicate an attachment	
9. Resident Agent in Rhode Isl	and. This informa	tion is currently of re	ecord with the Department of Sta	ite. Changes require filin	ig Form 642.	
Under penalty of perjury, I do statements, and that all state				g any accompanyin	g schedules and	
Name of Authorized Person				Date	<i>l</i> 1	
SHEILIA T. BEATTIE				9	13/18	
Signature of Authorized Person		SIGN D	OCUMENT 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 FILED

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BY Ca Ch# 7455

FORM 632 - Revised: 10/2017