RI SOS Filing Number: 201878263760 Date: 9/26/2018 4:00:00 PM

Director Name  Street Address  Street Address  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  State  Zip  Shares Authonized  10. Shares Issued  Check the box to indicate an attachment of the formation is currently of record in the number of State.  100  A  NUMBER OF SHARES  ACLASS/SERIES  PAR VALUE  100  A  no par  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 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  Bennet Wohl  Signature of Authorized Representative  MAIL TO:  Division of Business Services	State of Rhode Island and Department of Sta			Division			
→ Ping Fee: \$50.00 → Penalty Additional \$25.00 fee if form is not filed by April 1.  1. Entity ID Number	Annual Report for the ye	ar: <u>2018</u>	3				-
1. Entity ID Number 59245   City   State   Zip   Dodge Street   1. Sheet Address   Check the box to indicate an attachment   Zip Ozeo   Zivy   Zip Ozeo   2. Sheet Address   City   Zip Ozeo   Zivy   Zivy   Zip Ozeo   Zivy   Zi	→ Filing Fee: \$50.00		t filad by April t				en St.
Gothic Inn, Inc.  3. Principal Office Address Dodge Street Block Island Block Islan				n		<del></del>	
Dodge Street  Block Island  RI 02807  I NAICS Code  A RAICS CODE  Check the box to indicate an attachment which is composition by the receiver or trustee  Block Island  A RAICS Code  A RAICS CODE  Check the box to indicate an attachment which is composition by the receiver or trustee  Charges Rauthonized Representative  Charges Require an additional fitting.  In This report must be executed on behalf of the composition by an authorized representative. If the composition is in the hands of a receivable manage of the first report must be executed on behalf of the composition by the receiver or trustee  Ballat To:  SEP 9 6 2018  Raics Code  Check the box to indicate an attachment report must be executed on behalf of the composition by an authorized representative. If the composition is in the hands of a receivable manage must be received on the statements. Containing Authorized Representative  Charges Report must be executed on behalf of the composition by the receiver or trustee  Charges Report must be executed on behalf of the composition by the receiver or trustee  Charges Report must be executed on behalf of the composition by the receiver or trustee  Charges Report must be executed on behalf of the composition by the receiver or trustee  Charges Report must be executed on Behalf of the composition by the receiver or trustee  Charges Report must be executed on Behalf of the composition by the receiver or trustee  Charges Report must be executed on Behalf of the composition by the receiver or trustee  Charges Report must be execut	Λ.	₹	•				
Holding and operating Real Estate  State of Incorporation Resident Name Bennet Wohl  Street Address PO Box 537  Street Address Stree		,	j	1	1 '		
Vice-President Name   Bennet Wohl   Vice-President Name   Kenneth Wohl     Vice-President Name   Kenneth Wohl     Vice-President Name   Kenneth Wohl     Vice-President Name   Kenneth Wohl   Vice-President Name   Kenneth Wohl   Vice-President Name   Kenneth Wohl   Vice-President Name   Kenneth Wohl   Vice-President Name   Kenneth Wohl   Vice-President Name   Kenneth Wohl   Vice-President Name   Kenneth Wohl   Vice-President Name   Kenneth Wohl   Vice-President Name   Kenneth Wohl   Vice-President Name   Vice-President Name   Kenneth Wohl   Vice-President Name   Vic	721191 State of Incorporation	6. Brief descri Holding and	ption of the charac operating Real Est	cter of business o tate	conducted in Rhode	e Island	•
Street Address PO Box 537  Street Address 151 Kinderamack Road  State RI Zip 02807 City West Wood State NU Zip 07675  Street Address PO Box 537  Chock Island State RI Zip 02807  City West Wood State NU Zip 07675  List ALL directors (names and addresses)  Check the box to indicate an attachmolector Name Rennet Wohl  Street Address PO Box 537  Street Address PO Box 537  Street Address PO Box 537  Street Address  Street Address PO Box 537  Street Addre	List ALL officers (names and add	dresses)		Man Desside	- Ched	ck the box to indic	ate an attachment
Street Address   Stre	Bennet Wohl	Kenneth Woni					
State RI				Street Address 151 Kinderamack Road			
Street Address PO Box 537  Street Address 151 Kinderamack Road  State RI Zip 02807 City West Wood State NU Zip 07675  B List ALL directors (names and addresses) Check the box to indicate an attachmy brector Name Bennet Wohl  Street Address PO Box 537  Street Address 151 Kinderamack Road  Check the box to indicate an attachmy brector Name Bennet Wohl  Street Address PO Box 537  Street Address 151 Kinderamack Road  City Block Island  State RI Zip 02807  City West Wood State NU Zip 07675  Director Name  Director Name  Director Name  Street Address  City State Zip  Check the box to indicate an attachmy breather the street Address  Str		State RI	<sup>Zip</sup> 02807			State NJ	Zip 07675
Street Address PO Box 537  Street Address 151 Kinderamack Road  City West Wood  State NJ Zip 07675  List ALL directors (names and addresses)  Check the box to indicate an attachme birector Name Bennet Wohl  Street Address PO Box 537  Street Address PO Box 537  Street Address 151 Kinderamack Road  City West Wood  Street Address 151 Kinderamack City Road  NJ 170 O O O O O O O O O O O O O O O O O O O	Secretary Name Bennet Wohl						
List ALL directors (names and addresses)   Check the box to indicate an attachme				Street Address			
List ALL directors (names and addresses)  Bennet Wohl  Street Address  PO Box 537  Street Address  PO Box 537  Street Address  Street Address  Director Name  Bennet Wohl  Street Address  Str	lity Block Island	State RI	Zip <sub>02807</sub>	City West Wood State NJ			<sup>Zip</sup> 07675
Street Address PO Box 537  State RI  Zip 02807  City West Wood  State RI  Zip 07675  Director Name  Director Name  Street Address  Street Addr		ddresses)			Chei	ck the box to indic	
Street Address PO Box 537  State RI  Zip 02807  City West Wood  State RI  Zip 07675  Director Name  Director Name  Street Address  Street Addr	Bennet Wohl	Director Nam	Kenneth Wohl				
Director Name  Director Name  Director Name  Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  Director Name  Street Address  Street Address  Street Address  Director Name  Street Address  Street Address  Street Address  Director Name  Street Address  Street Address  Street Address  Check the box to indicate an attachment not part of the constant of the not part of the constant of the not part of the composition by an authorized representative. If the corporation is in the hands of a recent number of the not part of the composition by the receiver or trustee.  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and intertainents, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date  Date  Director Name  Street Address  Street Address  Street Address  Check the box to indicate an attachment number of the constant number of the constant number of the constant number of the composition by the receiver or trustee.  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and intertainents, and that all statements contained herein are true and correct.  Seennet Wohl  Signature of Authorized Representative  Date  Director Name  The City  State  ZIASSSERIES  PAR VALUE  Date  Director Name  The City  State  Director Name  The City  State  Director Name  The City  State  The City	Street Address PO Box 537	Street Address					
Director Name  Director Name  Director Name  Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  Director Name  Street Address  Street Address  Street Address  Director Name  Street Address  Street Address  Street Address  Director Name  Street Address  Street Address  Street Address  Check the box to indicate an attachment not part of the constant of the not part of the constant of the not part of the composition by an authorized representative. If the corporation is in the hands of a recent number of the not part of the composition by the receiver or trustee.  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and intertainents, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date  Date  Director Name  Street Address  Street Address  Street Address  Check the box to indicate an attachment number of the constant number of the constant number of the constant number of the composition by the receiver or trustee.  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and intertainents, and that all statements contained herein are true and correct.  Seennet Wohl  Signature of Authorized Representative  Date  Director Name  The City  State  ZIASSSERIES  PAR VALUE  Date  Director Name  The City  State  Director Name  The City  State  Director Name  The City  State  The City	City Błock Island	State RI	Zip 02807	City West W	City West Wood		Zip 07675
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Inder 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.  Identify the corporation by the receiver or trustee.  Inder 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.  Identify the corporation by the receiver or trustee.  Inder 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.  Identify the corporation by the receiver or trustee.  Inder 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.  Identify the corporation of Authorized Representative Security of the corporation by the receiver or trustee.  Index penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements are true and correct.  Identify the corporation of Authorized Representative Security of the corporation of A	Changes require an additional filing.					Tio pai	
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48 W. River Street, Providence, Rhode Island 02904-2615	ivision of Business Services	a laland 02004 as	<del> </del>	BY_	141018	05	<del>-</del>

Website: www.sos.ri.gov