



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

Annual Report for the year: **2018**
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 59245		2. Exact name of the Corporation Gothic Inn, Inc.	
3. Principal Office Address Dodge Street		City Block Island	State RI
Zip 02807			
4. NAICS Code 721191	6. Brief description of the character of business conducted in Rhode Island Holding and operating Real Estate		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) - Check the box to indicate an attachment ☐			
President Name Bennet Wohl		Vice-President Name Kenneth Wohl	
Street Address PO Box 537		Street Address 151 Kinderamack Road	
City Block Island	State RI	Zip 02807	City West Wood
Secretary Name Bennet Wohl		Treasurer Name Kenneth Wohl	
Street Address PO Box 537		Street Address 151 Kinderamack Road	
City Block Island	State RI	Zip 02807	City West Wood
8. List ALL directors (names and addresses) - Check the box to indicate an attachment ☐			
Director Name Bennet Wohl		Director Name Kenneth Wohl	
Street Address PO Box 537		Street Address 151 Kinderamack Road	
City Block Island	State RI	Zip 02807	City West Wood
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized		10. Shares Issued - Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/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 or trustee, this report must be executed on behalf of the corporation by the 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.			
Name of Authorized Representative Bennet Wohl		Date 9/10/18	
Signature of Authorized Representative 		SIGN DOCUMENT HERE FILED SEP 26 2018 BY 14198 DS	

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