



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

**Annual Report for the year: 2019**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 SECRETARY OF STATE  
 CORPORATION DIVISION  
 2019 JAN 31 PM 4:07  
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|                                     |   |
|-------------------------------------|---|
| 1. Entity ID Number<br><b>16961</b> | 2. Exact name of the Corporation<br><b>NORDIC LODGE, INC.</b> |
|-------------------------------------|---|

|  |                            |                    |                     |
|--|----------------------------|--------------------|---------------------|
| 3. Principal Office Address<br><b>178 East Pasquissett Trail</b> | City<br><b>Charlestown</b> | State<br><b>RI</b> | Zip<br><b>02813</b> |
|--|----------------------------|--------------------|---------------------|

|  |   |
|--|---|
| 4. NAICS Code<br><b>722511</b>         | 6. Brief description of the character of business conducted in Rhode Island<br><b>TO OPERATE A RESTAURANT, MOTEL AND RELATED FACILITIES</b> |
| 5. State of Incorporation<br><b>RI</b> |   |

7. List ALL officers (names and addresses) Check the box to indicate an attachment

|  |                 |                  |  |                 |                  |
|--|-----------------|------------------|--|-----------------|------------------|
| President Name <b>Steven A. Persson</b>          |                 |                  | Vice-President Name <b>None</b>                  |                 |                  |
| Street Address <b>178 East Pasquissett Trail</b> |                 |                  | Street Address                                   |                 |                  |
| City <b>Charlestown</b>                          | State <b>RI</b> | Zip <b>02813</b> | City   | State           | Zip              |
| Secretary Name <b>Lisa Persson Brown</b>         |                 |                  | Treasurer Name <b>Nancy I. Log</b>               |                 |                  |
| Street Address <b>178 East Pasquissett Trail</b> |                 |                  | Street Address <b>178 East Pasquissett Trail</b> |                 |                  |
| City <b>Charlestown</b>                          | State <b>RI</b> | Zip <b>02813</b> | City <b>Charlestown</b>                          | State <b>RI</b> | Zip <b>02813</b> |

8. List ALL directors (names and addresses) Check the box to indicate an attachment

|  |                 |                  |  |                 |                  |
|--|-----------------|------------------|--|-----------------|------------------|
| Director Name <b>Steven A. Persson</b>           |                 |                  | Director Name <b>Nancy I. Log</b>                |                 |                  |
| Street Address <b>178 East Pasquissett Trail</b> |                 |                  | Street Address <b>178 East Pasquissett Trail</b> |                 |                  |
| City <b>Charlestown</b>                          | State <b>RI</b> | Zip <b>02813</b> | City <b>Charlestown</b>                          | State <b>RI</b> | Zip <b>02813</b> |
| Director Name <b>Lisa Persson Brown</b>          |                 |                  | Director Name                                    |                 |                  |
| Street Address <b>178 East Pasquissett Trail</b> |                 |                  | Street Address                                   |                 |                  |
| City <b>Charlestown</b>                          | State <b>RI</b> | Zip <b>02813</b> | City   | State           | Zip              |

| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br><br>Changes require an additional filing. | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                  |              |           |     |                       |        |     |                           |        |
|--|---|------------------|--------------|-----------|-----|-----------------------|--------|-----|---------------------------|--------|
|  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NUMBER OF SHARES</th> <th style="width: 40%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">200</td> <td style="text-align: center;">Class A Common Voting</td> <td style="text-align: center;">\$0.01</td> </tr> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">Class A Common Non-Voting</td> <td style="text-align: center;">\$0.01</td> </tr> </tbody> </table> | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 200 | Class A Common Voting | \$0.01 | 100 | Class A Common Non-Voting | \$0.01 |
| NUMBER OF SHARES   | CLASS/SERIES  | PAR VALUE        |              |           |     |                       |        |     |                           |        |
| 200  | Class A Common Voting   | \$0.01           |              |           |     |                       |        |     |                           |        |
| 100  | Class A Common Non-Voting   | \$0.01           |              |           |     |                       |        |     |                           |        |

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<br><b>Nancy I. Log</b> | Date<br><b>1/22/19</b> |
|--|------------------------|

|  |              |
|--|--------------|
| Signature of Authorized Representative<br> | <b>FILED</b> |
|--|--------------|

MAIL TO:  
 Division of Business Services  
 48 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040

JAN 31 2019  
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