

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

Comporate ID No.  106432  Novel Address Principal Dusines  POBT Office Box 488  Rustness Phone No.	Rendezvous,	nn			
Arrest Address Principal Dusines OBC Office Box 485		nc.			12/2
OBT Office Box 485	s Office		City	State	Zip
			Block Island	RI	02807
Charle Internal		5. State of Incorporate	140		6 SIC Code
01-466-5891		Rhode Island			8688
Out of Description of the Charge	er of Business Condu	cied in Rivide Island			
o own and operate a	hed and break	fast			
rskleni Name			Vice Fresident Name		
nn Law			- None		
reet Address			2000th Whiterest		
.O. Box 488		managagan meneral sa		State	Zip
ly	State	Ziρ	City		
lock Island	RI	02807	Treasurer Name		
rekury Name					
n Law			Ann Law		
ves Address			Sures Address		
.O. Box 488			.P.O. Box 488	State	<b>/(p</b> )
by	State	74p	City	}	02807
lock Island	RI	02807	Block Island	RI	
		<b>建筑原规则建筑</b>	Director Name		
rector Name			, Develor name		
nn Law					
cei Address			Sireet Address		
.O. Box 488					Zip
······································	State	ZIp	-City	State	1
lock Island	RI	02807		. <i></i>	]
irector Name			Director Name		
				<del></del>	
reel Address			Street Address		
			Chy	State	
in	State	710			i
		manicanus seema 16710000XXX	was and the first of the second secon		
		<b>阿斯斯斯斯</b> [1] [1]			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
UTHORIZED SHARPS			Number of Shares	ClassNeries	Par Value
umber of Shares	(:lau/Sencs	Par Value	Wantock of wants	CIRCUTA	
AAA Camman Na Pai			100	Common	No Par
,000 Common - No Pai	/ 				
					!
			President, Socretary, Assis		Despises on Their



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 3040

ORM MUST BE TYPED II . Corporate ID No. 106432	N BLACK)  2. Name of Carpor  Rendezvous.			,	
Street Address Principal Bi	isiness Office		City	State	Zip
BOX 488			BLOCK ISLAND	RI	02807-
Business Phone No.	· _	5. State of Incorporation			6. SIC Code
401-466-5891		RHODE ISLAND			0
Brief Description of the Ch O OWN AND OPERATI					
B. NAMES AND ADDRE	esses of the off	ICERS ("X" BOX FOR ATTA	ACHMENT) 🔲 FILL IN SPA Vice President Name	CES BEFORE USING AT	TACHMENTS
ınn Law			None		
reet Address	•		Street Address		
7.0. Box 488			,	_ <b>_</b>	
ib'	State	Zip	City	State	Zip
ew Shoreham cretary Name	RI	02807	Treasurer Name		
nr: Law			Ann Law		
in address			Street Address		
. U. Box 488			P.O. Box 488		
n	State	Zip	City	State	Zip
 ew Shoreham	RI	02807	New Shoreham	RI	02807
			TTACHMENT) TELL IN SI Director Name	PACES BEFORE USING	attachments
nn Law					
treet Address			Street Address		
O. Box 488					
ity	State	Zip	City	State	Zip
lew Shoreham	RI	02807			
irector Name			Director Name		
ireei Address		•	Sireet Address	-	•
liny	State	Zip -	City	State	*Zip
O. SHARES AUTHOR	IZED <i>("X" BOX FOR</i>	ATTACHMENT)	11. SHARES ISSUED ("X"	' BOX FOR ATTACHMEN	$m \square$
ORIZED SHARES			ISSUED SHARES	Class/Series	Par Value
r of Shares	Class/Series	Par Value	Number of Shares	ClassSeries	s as valle
,000 \$1.00 PAR VAL	.UE		100	Common	No Par



*106432 DE	3C 01/28/04 10:52:10 AM*
File Date	×1007
Check No.	155
8v: .	01
ECRETA	RY 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.

Significant of Officer	1/31/04
Signature of Officer	Date
Ann Law	•

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222 3040

CILCITATION SECTION

tting Period: January ; FORM MUST BE TYPED IN	l - March I 🍨 - F	Filing Fort \$50.00	PORT FOR THE Y		
		ning reer poorso			
Composite ID No	N BLACK) 2. Name of Carpo	· · · · · · · · · · · · · · · · · · ·		,	
I. Corporate ID No. *106432*	Rendezvou				
3. Street Address Principal Bu			Citv	Stute	Zıp
BOX 488	2		BLOCK ISLAND	RI	02807-
4. Business Phone No.		5 State of Incorpor	ation		6 SIC Code
		RHODE ISLA	ND		0
7 Brief Description of the Ch	arayer of Business Ca	nducted in Rhode Island			
TO OWN AND UPERATE	: A BED AND BRI	SARPASI.			
	SSES OF THE OF	PICERS CX* BOX FOR	(ATTACHMENT) 🔲 FILL IN SPA	CES BEFORE USING A	PTACHMENTS
President Name			Vice President Name		
Ann Law Street Address	*** *** *******************************		Street Address		
P.O. Box 488			Sireer Address		
	State	Zıp	City	State	Zip
Cin Block Island	RI	02807	Cia	:	
ecretary Name		and the second	Treasurer Name		
Ann Law			Ann Law		
Street Address		*****	Street Address		
P.C. Box 488			P.O. Box 488		
Ciny	State	Zıp	City	State	Zip
Block Island	RI	02807	.Block Island	RI	02807
9. NAMES AND ADDRI	SSES OF THE DU	RECTORS (X"BOX F	OR ATTACIMENT) [] FILL IN SI	PACES BEFORE USING	ATTACHMENTS
Director Name		, , ,	Director Name		
Ann Law					
Street Address			Street Address		
Same as above		*****	·	AA14A-A11 -****-**1******************	
Ciny	State	Zip	City	State	Zip
	, , ,			. ,	
Director Name			Director Name		
Contract Addition			Street Address		
Street Address			Surer Address		
Culv	State	Zıp	City	State	Zip .
•			<b>A</b>	•	
16. SHARES AUTHORI	ZED CX" BOX FO	RATTACIDIENTO []	11. Shares issued CX	BOX FOR ATTACHME	ים מיי
1020230000000000	TACKERALLERY TO THE COMMO	Kritist in the second second		(01 (2009)95 (A)E38(28 (244 A 24 A 4 A	o y a <del>nd</del> ra anaganaka ka da da arawa
Number of Shares	Class/Series	Pur Vulue	Number of Shures	Class/Series	Par Value
0.000 #4.00 040 1/41			100	Common	No par
	.UE		100	· common	
8,000 \$1.00 PAR VAL					and a contract of the contract
5,000 \$ 1.00 PAR VAL					

Title of Officer



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	2002
lling Period: January 1-March 1 •					_	



• ,		••			
FORM MUST BE TYPED IN BLAC	rk)				
I. Corporate ID No.	2. Name of Corporation		*,	•	
106432	Rendezvous, Ir	ıc.			
3. Street Address Principal Business O	Office		City	State	Zip
Box 488			BLOCK ISLAND	RI	02807
1. Business Phone No.		5. State of Incorporation		-	6. SIC Code
401-466-58	91	RHODE ISLAND			0
Brief Description of the Character of		hode Island			
HOSPITAL	LITY				
B. NAMES AND ADDRESS		ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEF	ORE USING ATTACHM	ENTS
resident Name	_		Vice President Name		
ANN LA	lw/				
treet Address			Street Address		
Box 48	8				
City_	State	Zip	City	State	ZIp
Block Ishnd	RI	02807			
Secretary Name		• • •	Treasurer Name		
ireet Address			Street Address		•
Ţlty	State	Zip	City	State	Zip
•					
. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES B	EFORE USING ATTACH	IMENTS
Director Name			Director Name		
Street Address			Street Address		
Sity	State	Zip	City	State	Zip
•		•			•
Director Name		• • • • • • • • • • • • • • • • • • • •	Director Name		
Street Address			Street Address		
;ity	State	χip	City	State	Zip
•		•			
IO. SHARES AUTHORIZED	(*X* BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X" 8	OX FOR ATTACHMENT)	
AUTHORIZEE) SPIARES		•	ISSUED SHARES 100		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE	3	<u>-</u>	· · · · · · · · · · · · · · · · · · ·		•
VIVOV WILVO FAIL VALUE					

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



File Date: 1-8-02

Check No.: 1472

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.

Ban Law	1/7/02
Signature of Officer	Date
AAINI / AAAI	

ANN LAW	- <u> </u>
Print or Type Name of Officer	

PRESIDENT

Title of Officer

Form 630 12/01

100 North Main Street, Providence, RI 02903-1335

## 1 4

## 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. 2. Name of Corporation RENDEZVOUS, INC. 106 432 3 Street Address Principal Business Office DOOGE ST. RI 02807 BLOCK ISLAND 4. Business Phone No. 5 State of Incorporation 401-466-5891  $\kappa_{\mathcal{I}}$ 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) OFILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name ANN LAW Street Address Street Address Box 488 Zıp City State RI BLOCK 02807 ISLAND Secretary Name Treasurer Name Street Address Street Address State ZipCity City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) DFILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address Zip City State City State Zip Director Name Director Name Street Address Street Address State Zip State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) D 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES 100 AUTHORIZED SHARES Par Value Par Value Number of Shares Class/Scries Number of Shares Class/Series ee

		Under penalty of perjury, I declare and affirm that	I have examined
	·	this report, including any accompanying schedule	
	FILED 19. 19. 19. 19. 19.	that all statements contained herein are true and	
File Date:	- 10 m/25 m	In soll Bro Saw 8/2	2/01
	OCT 0 2 2001	Signature of Officer D	ate
Check No.:	- 11000 m	ANN LAW	
*	By 160127 100	Print or Type Name of Officer	
By:		Prisident	
FOR SECRETAL	RY OF STATE USE ONLY	Title of Officer	Form 630 12/0



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



	•				
(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No. 113	2. Name of Corporati RENDE	zvous, inc	·		
3. Street Address Principal Busi	ness Office	,	City	State	Zip
BODGE ST	r. BLOCK IS	SLANO		RI	02807
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401 - 466 - 7. Brief Description of the Chai B&BIN	racter of Business Conducted in	Rhode Island			
· ·		CERS ("X" BOX FOR ATTAC	HMENT)		
President Name	RESSES OF THE STITE		Vice President Name		
A-NN Street Address			Street Address		
Box ·	4 <i>9</i> 8				~.
Sueel Addiess  BUX  City  BLOCK ISU	State INO RI	<sup>zip</sup> 02807	City	State	Zip
	INU ICT	02001	Treasurer Name		
Secretary Name			treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADD	RESSES OF THE DIRE	CTORS ("X" BOX FOR AT			
Director Name	IONIE		Director Name		
- '	IUNE		Street Address		
Street Address			•		
City	State	Zip	City	State	Zip
Director Name			Director Name	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	RIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHME	NT)
AUTHORIZED SHARES	NONE		LISTUED SHAFES NO	V G	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
Number of Shares	Class/Series	Par Value	Numbel of Sugges	Cim3/3eries	, 501 - 60146

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

	Under penalty of perjuty, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 9.24-00 3-16-01	that all statements contained herein are true and correct.
Check No.:	Signature of Officer Date  ANN LAW
By: FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Pille do ht.