



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 106432		2. Name of Corporation Rendezvous, Inc.	
3. Street Address Principal Business Office Post Office Box 488		City Block Island	State RI
4. Business Phone No. 401-466-5891		5. State of Incorporation Rhode Island	6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island to own and operate a bed and breakfast			
President Name Ann Law		Vice President Name None	
Street Address P.O. Box 488		Street Address	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
Secretary Name Ann Law		Treasurer Name Ann Law	
Street Address P.O. Box 488		Street Address P.O. Box 488	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
Director Name Ann Law		Director Name	
Street Address P.O. Box 488		Street Address	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
8,000 Common - No Par		100	Common
			No Par

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



1 0 6 4 3 2

9/14/05  
1479  
Jm  
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.

Ann Law 9/10/05  
Signature of Officer Date  
Ann Law  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 106432 2. Name of Corporation Rendezvous, Inc.  
3. Street Address Principal Business Office  
BOX 488 City BLOCK ISLAND State RI Zip 02807-  
4. Business Phone No. 401-466-5891 5. State of Incorporation RHODE ISLAND 6. SIC Code 0  
7. Brief Description of the Character of Business Conducted in Rhode Island  
TO OWN AND OPERATE A BED AND BREAKFAST.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Ann Law</u> Street Address <u>P.O. Box 488</u> City <u>New Shoreham</u> State <u>RI</u> Zip <u>02807</u>	Vice President Name <u>None</u> Street Address  City <u></u> State <u></u> Zip <u></u>
Secretary Name <u>Ann Law</u> Street Address <u>P.O. Box 488</u> City <u>New Shoreham</u> State <u>RI</u> Zip <u>02807</u>	Treasurer Name <u>Ann Law</u> Street Address <u>P.O. Box 488</u> City <u>New Shoreham</u> State <u>RI</u> Zip <u>02807</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>Ann Law</u> Street Address <u>P.O. Box 488</u> City <u>New Shoreham</u> State <u>RI</u> Zip <u>02807</u>	Director Name  Street Address  City <u></u> State <u></u> Zip <u></u>
Director Name  Street Address  City <u></u> State <u></u> Zip <u></u>	Director Name  Street Address  City <u></u> State <u></u> Zip <u></u>

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
<u>8,000</u>	<u>\$1.00</u>	<u>PAR VALUE</u>

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>No Par</u>

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



1 0 6 4 3 2

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.

Ann Law 1/31/04  
Signature of Officer Date  
Ann Law  
Print or Type Name of Officer  
President  
Title of Officer

\*106432 DBC 01/28/04 10:52:10 AM\*

File Date 2.3.04

Check No. 155

By OK

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Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *106432*	2. Name of Corporation Rendezvous, Inc.
3. Street Address Principal Business Office BOX 488	City BLOCK ISLAND State RI Zip 02807-
4. Business Phone No.	5. State of Incorporation RHODE ISLAND 6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A BED AND BREAKFAST.	

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Ann Law Street Address P.O. Box 488 City Block Island State RI Zip 02807	Vice President Name  Street Address  City  State  Zip
Secretary Name Ann Law Street Address P.O. Box 488 City Block Island State RI Zip 02807	Treasurer Name Ann Law Street Address P.O. Box 488 City Block Island State RI Zip 02807

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Ann Law Street Address Same as above City  State  Zip	Director Name  Street Address  City  State  Zip
Director Name  Street Address  City  State  Zip	Director Name  Street Address  City  State  Zip

## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
8,000		\$1.00 PAR VALUE

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
100	Common	No par

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



\* 1 0 6 4 3 2 \*

*106432 DBC2/1/0311:08:15 AM*
File Date 3-19-03
Check No. 2994
By ILP

DO NOT WRITE IN THESE SPACES  
UNLESS YOU ARE ADDING ADDITIONAL INFORMATION  
TO THE REPORT. UNLESS YOU ARE ADDING ADDITIONAL  
INFORMATION TO THE REPORT, DO NOT WRITE IN THESE SPACES.

Signature of Officer Ann Law	Date
Print or Type Name of Officer Ann Law	
Title of Officer President	



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **106432** 2. Name of Corporation **Rendezvous, Inc.**

3. Street Address Principal Business Office  
**Box 488**

City **Block Island** State **RI**

Zip **02807**

4. Business Phone No. **401-466-5891** 5. State of Incorporation **RHODE ISLAND**

6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**HOSPITALITY**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **ANN LAW**

Vice President Name

Street Address **Box 488**  
City **Block Island** State **RI** Zip **02807**

Street Address  
City State Zip

Secretary Name Treasurer Name

Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Director Name  
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 AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value  
**8,000 \$1.00 PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES **100**

Number of Shares Class/Series Par Value

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



\* 1 0 6 4 3 2 \*

File Date: 1-8-02

Check No.: 1472

By: [Signature]

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.

Ann Law 1/7/02  
Signature of Officer Date

ANN LAW  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

5

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. <u>106432</u>		2. Name of Corporation <u>RENDEZVOUS, INC.</u>			
3. Street Address Principal Business Office <u>DOODGE ST.</u>		City <u>BLOCK ISLAND</u>	State <u>RI</u>	Zip <u>02807</u>	
4. Business Phone No. <u>401-466-5891</u>		5. State of Incorporation <u>RI</u>		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>ANN LAW</u>			Vice President Name		
Street Address <u>BOX 488</u>			Street Address		
City <u>BLOCK ISLAND</u>	State <u>RI</u>	Zip <u>02807</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
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 AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES <u>100</u>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

FILED

File Date:

OCT 02 2001

Check No.:

By 1269271853

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.

Ann Law  
Signature of Officer

8/2/01  
Date

ANN LAW  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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 00

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 106432 2. Name of Corporation RENDEZVOUS, INC  
3. Street Address Principal Business Office BODGE ST. BLOCK ISLAND City \_\_\_\_\_ State RI Zip 02807  
4. Business Phone No. 401-466-5891 5. State of Incorporation RI  
6. SIC Code \_\_\_\_\_  
7. Brief Description of the Character of Business Conducted in Rhode Island B&B INN

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <u>ANN LAW</u>	Vice President Name
Street Address <u>Box 488</u>	Street Address
City <u>BLOCK ISLAND</u> State <u>RI</u> Zip <u>02807</u>	City _____ State _____ Zip _____
Secretary Name	Treasurer Name
Street Address	Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <u>NONE</u>	Director Name
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 AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES NONE  
Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES NONE  
Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_

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

File Date: 9-24-00 3-16-01  
Check No.: 1191  
By: [Signature]

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.

Ann Law 9.24.00  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
ANN LAW  
Print or Type Name of Officer \_\_\_\_\_  
President  
Title of Officer \_\_\_\_\_