

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

PROFIT CORPO	March 1 • Filli	NÚAL REPORT 1g Fee: \$50.00	FOR THE YEAR	2005	·
1. Corporate ID No	2. Name of Corporation ANDREA HOTE		· · · · · · · · · · · · · · · · · · ·		
3. Street Address Principal Busines		.5, 110.	11 restery	Siate R 1	02891
4. Business Phone No. 4101 348 8	788	5 State of Incorporation RHODE ISLAND	Y		6. SIC Code 7096
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8. NAMES AND ADDRESS! President Name	ES OF THE OFFICERS	6: ("X" BOX FOR ATTA	CHMENT) [] FILL IN SP	ACES BEFORE USING	ATTACHMENTS
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Westerly Secretary Same	State R 1	02891	WISTERLY Treasurer Name	State R	02891
Joan au	ta damo		Michelle Pi	nto	
Sincer Address 102 AHA	ntic Ave		Sirect Jadinss 4 Benson	Ave	
Westerly 9. NAMES AND ADDRESS	State R ES OF THE DIRECTO		CUI VESTERY	SPACES BEFORE USIN	DZ8G/
Director Name UDACA	Colucci		Director Name		
Street Address	dale Rd		Street Address	ale Rd	
Westerly	State	02891	westerly	State	02891
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This report must b	c sig <mark>ned in ink</mark> by cit	her the President, Vice P	resident, Secretary, Assistant	Secretary, Treasurer, R	leceiver or Trustee
				ry, I declare and affirm tha mying schedules and state	
File Date	U-05 699		Signature of Officer)
Check Min.	-17 L		Treasure Print or Type Name of C	OR Miche	11e Pinto
FOR SECRETARY OF	STATE USE ONLY		Title of Officer	reR.	
L 		_	raic of Officer		Form 630 Rev. 12/03

Additional Directors

Robert Fox 11 Bellerose Ave Westerly, RI 02891

Michelle Pinto 4 Benson Ave Westerly, RI 02891



FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND ANTA PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State .

Corporations Division 100 North Main Street Providence, KI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $oldsymbol{\bot}$

2004 Filing Fee: \$50.00 Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2. Name of Corporation 1. Corporate ID No ANDREA HOTEL, INC. 1033 6. SIC Code 5. State of Incorporation 7096 RHODE ISLAND Character of Business Conducted in Rhode Island FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Director Name Zip City BOX FOR ATTACHMENT) BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Par Value Class/Series Number of Shares Class/Series Par Value Number of Shares 10 O 100 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 ed herein are true and correct File Date

Print or Type Name of Officer

Title of Officer

Additional Directors

Robert Fox 11 Bellerose Ave Westerly, RI 02891

Michelle Pinto 4 Benson Ave Westerly, RI 02891

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 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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(FORM MUST BE TYPED OR PRINTED	IN BLACK)				
1. Corporate ID No.	2. Name of Corporation				
1033	ANDREA HOTEL, I			_	
3. Street Address Principal Rysiness Off	tic AVEN	JUE	WESTERLY	State R.I	76838
4. Business Phone No. 401-348 - 8	3788	5. State of Incorporation RHODE ISLAND	/		6. SIC Code 7096
7. Brief Description of the Character of i	Business Conducted in Rhodo	e Island	z.L		
8. NAMES AND ADDRESSES	-	_	ENT) FILL IN SPACES BEFO	RE USING ATTACHME	NTS
President Name	••		Vice President Name	1 0 1	~
WADE WADE	DIJA DAI	- 1. 1	Vice President Name HEONARD Street Address		
Street Address /2 PAM	1845 STI	KEEY /UW	116 AVON	DALE RO	
CITY (ALM BAY	State FL	zip 32907	-	State	0289/
Secretary Name ichelle	. PINT	υ		E PINTO	·
Street Address BENSON	J AVE		Street Address / BENSO	N AVE	
city Westanky	State	zip 02891	CHY WESTERLY	State 7	²¹ 6289/
9. NAMES AND ADDRESSES	S OF THE DIRECTO	RS ("X" BOX FOR ATTACE	HMENT) FILL IN SPACES BE	FORE USING ATTACHM	1ENTS
Director Name	QUITA DA	(mac)	Director Name	o A. Co.	الادد
Street Address 42 Pawl	7 110	ET NW	Street Address AIDA	IOILE RO	AD
CITY PALM BAY	State FL	21p 32 907	circlestanty	State	28289/
Discours No.	•	<i>o.</i> , ,	Director Name		.0 017
Director Name	_ .		NON	೬	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ((*X* BOX FOR ATTACHM	ENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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			V OO COMMON	,	- N/C

Receiver or Trustee

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This report must be signed in ink by either the Presider	it, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
	Under penalty of perjury, I declare and affirm that I have examined
* 1 0 3 3 *	this report, including any accompanying schedules and statements, and
File Date: 1.30.03	that all statements contained herein are true and correct.
9932	Signature of Officer Date
Check No.:	Leonard Colucci.
Ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	The 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 _

PLEASE	READ
INSTRUC	TIONS

Filing Period: Janua	ry 1-March 1 •	Filing Fee: \$50.00			INSTRUCTIO
(FORM MUST RE TYPED IN E	BLACK)				
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1033	ANDREA H	OTEL, INC.			
3. Street Address Principal Busin		م ه . ١	City	ly Sinte RI	MOBAL
8 Cl 1-1+	1Antic F	S. State of Incorporation	Wester	14 KI	6. SIC Code
4. Business Phone No.	48 8788	RHODE ISLAND	1	ı	7096
フロレ じ 7. Brief Description of the Chara					
l-tn+			001		
8. NAMES AND ADDR	esses of the off	UFONT, LOW ICERS ("X" BOX FOR ATTAC	HMANT) FILL IN SPACE. Vice President Name	S BEFORE USING ATT	ACHMENTS
President Name	Quitada	m1> ·	VICE TESIMENT NAME	rd Coluci	Λ, ,
Street Address	VOITA(IA	mo			
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City	State R 1	²¹⁰ 1000	City	State R	02891
Secretary Name	15.1	02891	Treasurer Name	74 7	02811
10	nard Co	du coi.	Mic	holle Pi	ntn
Street Address	_	_	Sieel Addiess		
116	Aven dal	e Kd	4 156	enson An	R
LACACLA	State ()	Zip	City	CIM State RI	Z_{Ip} $\bigcap Q \bigcap I$
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9. NAMES AND ADDR Director Name	ESSES OF THE DIK	ECIORS ("X" BOX FOR ATT	DI 11	•	
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Street Address	_	_	Street Address	7000 0	0.1
102 1	HIMITC	AvC 21,02891	114	Hvon dal	e Rd 210 02891
City 1110 C+AVIII	State D 1	Zip N 2001	City	State 0	210 17 891
Director Name	. 1	028911	UV CSIY Director Name	rly M	
Direction Marine			Dittion Humi	t	
Street Address			Street Address		
City	State	Zip	City	State	Zip
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date:	1-23-02	
Check No.:	8549	
8y:	2e	
FOR SECRETARY O	F STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this repart, including any accompanying schedules and statements, and statements contained here<mark>in</mark> are true and correct. Signature of Officer Title of Officer

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation I. Corporate ID No. 1033 ANDREA HOTEL, INC. 3. Street Address Principal Business Office Westerly 5. State of Incorporation RHODE ISLAND 40 I 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name can amo Leonard Columina 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 Director Name Director Name Street Address Street Address City State Zip City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Series Par Value Number of Shares Class/Serles Par Value Number of Shares 100 SHS NO PAR COM Nopar

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



File Date: Clieck No .: 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 bereily are true and correct. Title of Officer

Form 630 12/00

James R. Langevin, Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation ANDREA HOTEL, INC. 1033 3. Street-Address Principal #4siness Offic S. State of incorporation RHODE ISLAND FILL IN SPACES BEFORE USING ATTACHMENT 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name AA O FOR ATTACHMENT) Director Name Director Name Street Address Street Address ZIp City State City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ESTUFED SHARES **AUTHORIZED SHARES** Par Value Number of Shares

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

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File Date:	* 1, 0 3 3 * //// 00	-
Check No.:	2/118	-
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Class/Series

Par Value

Number of Shares

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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 truf and correct. Date Print or Type Name of Officer Title of Officer

Class/Series



FOR SECRETARY OF STATE USE ONLY

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 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

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(FORM MUST BE TYPED IN BLAC					
1. Corporate ID No. 1033	2. Name of Corporation ANDREA HOTE				
3. Street Address Principal Basiness O	ANTIC >	AVENUE	"Westerly	Jun R	0289/
4. Business Phone No. 401-348-8	788	5. State of Incorporation 116		-1(-	6. SIC Code 7096
	SOR Dustness Conducted In Ri	riode Island			
8. NAMES AND ADDRESS		RS ("X" BOX FOR ATTACH	MENT) C. FILL IN SPACES BE	FORE USING ATTACH	MENTS
President Nome	DUITADAM	110	Vice President Name	10 Col	UCCC
Street Address /2 CAM	par Stre	et SW	Street Addreys BENS	ON AVENU	<u> </u>
CALM BAY	Star	32907	WESTERL	, "RE	07891
Secretary Name	JONZ		Treasurer Name	NONE	
Street Address	· · · · · · · · · · · · · · · · ·		Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) (3 FILL IN SPACES	BEFORE USING ATTAC	HMENTS
Director Name	SITADAN	40	Director Name LOW.	seo Col	vecc^
Street Address PAN	ipas St	rest SW	Street Address	SON AVE	NUE
cin Shan Bry	State	12 1907	"Wester	oli) State	0288/
Director Name	NONE	***************************************	Director Name	JONZ_	
Street Addiess		<u> </u>	Street Address		
City	State	Zip	City	State ,	Zip
10. SHARES AUTHORIZED	O (*X* BOX FOR ATTAC	HMENT) I	11. SHARES ISSUED (*X	BOX FOR ATTACHMENT)	
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			Under penalty of perj	ury, I declare and affirm	that I have examined
١٠	·		•	any accompanying sched	
POLAN	19,00		that all statements co	ntained bestin to true a	5.1
_File Date:	 ! 	•	June 1	Colum	7/1/3/199
Check No.:	9.1	 ,	Signature of Officer	Λ\	Date
R	\	1,0	Print or Type Name of Offi	<u>a</u> Colucer	



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BI	.ACK)				
1. Corporate ID No. 1033	2. Name of Corporation ANDREA HOT	EL, INC.			
4. Business Phone No. 401-348- 7. Brief Description of the Charac A SEAS	INTIC AVE 8788 ter of Business Conducted in Bh ONAL H	OYEL	Westerly	Seatt /	2 8 / 0 2 8 / 6. SIC Code 7096
8. NAMES AND ADDRE	~		4ENT) Vice President Name	1 0.1	^
JOAN	PUTTADA		LEONARD	X COLUC	CC.
Street Address P	SMPAS	STREET NW	4 BENSON	S AVENU	2
Secretary Name	Bay State FL	32907	Street Address City Treasurer Name Vice President Name LEONARD Street Address BENSON City Treasurer Name	SE.	0289/
Street Address			· Street Address	•	
City	State	Zip	City	State	Zip
9. NAMES AND ADDREDITECTOR Name JOAN Street Adgress 747 PAM (- Cit ALM BAY Director Name	SSESS OF THE DIRECT) ,	CHMENT) Director Name A ECNARY Street Address City Director Name	A Colu)cc? 114 0289(
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*X* BOX FOR ATTACE	HMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 0 3 3 *	Under penalty of perjury, I declare and affirm that I have examined
File Date: 1.14.98	this report, including any accompanying schedules and statements, and that an statements contained herois are true and correct.
Check No. 1860	Signature of Officer Date
ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

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PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED	IN BLACK)				IIIIS TORM
1. Corporate ID No.	2. Name of Corporation				
1033	ANDREA H	OTEL, INC.	Clv.	Ceara	7 in
1. Business Phone No. サロー 34	Antic 1702 8-8788	S. State of Incorporat)	17. J.	2) & 9 / 6. SIC Code 7096
7. Bilef Description of the C ReS	Character of Business Conducted in)	TACUARENTI		
8. NAMES AND AI President Name	DRESSES OF THE OFFIC	CERS ("X" BOX FOR AT	Vice President Name	~ \	
JOAN J	Tes Quitad Itantio Hue + R.J.	· -	Street Address Beinba	Colucci n Aug	Zip
Secretary Hame	•	02891	MISQUAINICHT Treasure Name		02891
Street Address	Quita danio		Street Address	Colucci	
City City	4nu State	Zip	City C ² Agn J	State	Zip
Director Name	DDRESSES OF THE DIRE	CTORS ("X" BOX FOR	ATTACHMENT) Director Name		
Street Address	176		Street Address		
City	State	Zip	City	State	Zip
Director Name	,		Director Name	· · · · ·	• • •
Street Address			Street Address		
City	State	Zip	Ghy	State	Zip
10. SHARES AUTH	ORIZED AND ISSUED (*)	X* BOX FOR ATTACHME	NT)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO	PAR COM		100 SHs	NO PAR	Common
This report must t	e signed in ink by eith	er the President, V	ice President, Secretary, Assi	stant Secretary, Trea	esurer, Receiver or Trus

	* 1 0 3 3 *	Under penalty of perjury, I declare and affirm that I have ex-	
File Date: Check No.:	2-4-97	this report, including any accompanying schedules and state that all statements contained herein are true and correct. Signature of Officer Date	
Ву:	LRY OF STATE USE ONLY	Print or Type Name of Officer Title of Officer	<u>+</u>

PROFIT CORPORATION **ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

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This report must be SIGNED IN INK by either the President, Vice President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under pond of Coluccy SAME SA	PRESIDENT NAME Jan 110	- n · 1 1	· • • • • • • • • • • • • • • • • • • •	HICE PRESIDENT NAME		
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This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and aftirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are truy and correct. Signature of Officer Check No. 14 50 000000000000000000000000000000000	, ,	SIAIE	Brane		JAIL .	
OPECTOR HAME DORCOOR HAME STREET ADDRESS ISSUED SHARES MANAGER OF SWARES OASS/STRES This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 officer Signature of Officer Check No.	DIRECTOR NAME	9. NA	MES AND ADDR		RECTORS	
DRECIDENAME STRET ADDRESS STRET ADDRESS STRET ADDRESS DIFY STATE 1.0. S H A R E S A U T H 0 R I Z E D A H D I S S U E D AUTHORIZED SHARES MANUER OF SWARES LOASS / SERTES MANUER OF SWARES 1.00 SHS NO PAR COM This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 confidence. File Date: Check No. The STATE DEPONDE STATE DEPONDE INTER ADDRESS INTER	STREET ADDRESS	<u> </u>		STREET ADDRESS	·	
STREET ADDRESS UNY STATE DE CODE 1 0 . S M A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES MUNICIPACIF SHARES MUNICIPACIF SHARES 100 SHS NO PAR COM This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Signature of Officer Check No.	atr	STATE	ZP C008	αίγ	STATE	ZIP CO0€
This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Signature of Officer LONGER No.	DIRECTOR NAME		<u> </u>	DRECTOR NAME		
AUTHORIZED SHARES MANNER OF SHARES OLASS / SEPES MAN VALUE MINNER OF SHARES OLASS / SEPES MAN VALUE This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. File Date: Check No:	STREET ADDRESS			STREET ADDRESS		
AUTHORIZED SHARES MANUSER OF SHARES AUSS / SERVES MANUSER OF SHARES AUSS / SERVES AUSS / SE	diy .	STATE	£≥ C00€	alt	STATE	ZP COOE
This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Signature of Officer Check No:	en ele é alor en ele en		HARES AUTHOR	IZED AND ISSUED	ICCHED CHAREC	پر
This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Signature of Officer Check No.	MUMBER OF SHARES		PAR VALUE	NUMBER OF SHARES		PAR VALUE
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Signature of Officer LLONGE COLUCIO	. 100 SHS NO	PAR COM		i		
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Signature of Officer LLONGE COLUCIO	1			d d		,
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Signature of Officer LLONGE COLUCIO	• 			 !		
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Signature of Officer LOOG COUCG	<u> </u>		•		<u> </u>	;
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. Signature of Officer Leonard Colucci	Pre	Th sident. Vice Presi	nis report must be SI 0 dent. Secretary. Assis	GNED IN INK by either the stant Secretary. Treasurer.	e Receiver or Truste	e a
report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Officer Leonard Colucci			•	Under penalty o	f perjury, I declare and	affirm that I have examined this
Check No. 1655 Leonard Colucci				report, including	any accompanying sch	equies and statements, and that
Check No. 1655 Leonard Colucci	1/,1	19/2		7	- C4	//
	File Date:	14		Signature of Offi	1 / 1	
Print or Type Name of Officer	Check No:	, 55				CC
$M_{A} = M_{A} = M_{A$, M	1 X/P		Print or Type Na	ne of Officer	1 ,71,0100
For Secretary of State Use Only Title of Officer Date	·	State Use Only	i	Title of Officer	rresiden.	T 12/18/95

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	Annual Report for the year:
Name of Corporation:ANDREA HOTEL,	INC.
Business entity organized under the laws of the State of:	Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [Professional Service Corporation (See RIGL Chapter 7-5.1)
Phone: (70 1) 3 48 - 8 78 8	
	AMES OF THE OFFICERS ARE:
PRESIDENT VICE PRESIDENT VIC	STREET ADDRESS CITYSTATE ZIP CODE LOG UHIN CUITYSTATE ZIP CODE MES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE ZIP CODE STREET ADDRESS CITYSTATE ZIP CODE STREET ADDRESS CITYSTATE ZIP CODE STREET ADDRESS CITYSTATE ZIP CODE
NAME	STREET ADDRESS CITY/STATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Series 100 Du Pau Common	Number of Shares Class / Series
Date 17 19 9.5	By: X Chard Coluction PRINT OR TYPE NAME OF OFFICE A HOTTING 5. 6 CM
Form 31 1/95 DESIGNATED DEGIS	TITLE OF OFFICER SIGNING STERED AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent	

RALPH F. COLUCCI 89 ATLANTIC AVENUE MISQUAMICUT RI 02691 JAN 1 9 1995

By Jan 2 50 3

Form 31 1/85

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 6001033

Corporate ID	6601033	• • • • • • • • • • • • • • • • • • • •	Annual 1	Report for the year	1993
First:	The name of the corpo	ration is	ANDREA H	OTEL, INC.	
SECOND	: It is incorporated un	der the laws of	Rhode	Island	——————————————————————————————————————
THIRD:	Character of business,	briefly stated, is	- Antel	ond 1	es want.
Fourth	: If foreign corporation	n, address of its	principal office	i. •	,
Г ІГГН:	Business address in Rh		9 lilla 48 quamic	ntie Ciu	e, 02891
Ѕіхтн:	Names and addresses of Name		nd officers:	Address (including number, str	(Attach rider if necessary)
********************		Director	•••••••••		
		Director	•••••••		
D. Gry	Itu.	Director President	102 Itlan		esquamicul: Roc
Leoner L	Lalueci	Vice Presi	dent K. Bensim 4 Bensim		quamicul Rd 028
Joan	Her	Treasurer	102 alla	mbolus Ja	is quamicul Rela
SEVENTI	i: Number of Shares a	authorized:			Par Value or statement that
No. of Sh	ares	Class	PAID Series		shares are without par value
100		•	JAN 2 7 1993	lar	Volue
Еіснтн:	Number of Shares is	sued: SE	CY OF STATE		Par Value or statement that
No. of Sh	ares	Class	Series		shares are without par value
Dated	an 22	199.3.	(Name of Corporation)	Alotal Poe	Ino.
(R	eport must be signed by an	officer)	Title L.	Press	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET JOH T

JOH #U	7275/

	CORPORATIONS 100 NORTH MAIN ROVIDENCE, RHODE	121KEE1	JUHI	
		Annual Report for	the year	<u> </u>
Porate ID	·ic	ANDREA HOTEL	, INC	
FIRST: The name of the corporation	1 15			
	, 	hode Ilo	ma	
Second: It is incorporated under t	he laws of		Ratod	
THIRD: Character of business, brie	fly stated, is	1/00		
		***************************************	***************************************	
FOURTH: If foreign corporation, a	ddress of its princ	cipal office		
FOOKIN. IL 1010-10	· · · · · · · · · · · · · · · · · · ·	011 	7,,,	
FIFTH: Business address in Rhode	Island 89	My William	D. J .	1891
FIFTH: Business address in Know	Musq	Amisut	X	
	\ \ \			tach rider if necessary)
SIXTH: Names and addresses of i	Office	Address (inc	cluding number, street, zi	
	Director			
	Director			
	Director	ALI A	(a)	15 Supricut K
a Plas.	President	102 Hlan	O The	T. Pre
Joan Calini	Vice Preside	ent 7 Berson		a uninicular Roll
dronard	Secretary	102 Attanley	Control of the contro	agramical 10
our des	Treasurer	4 Benon 1	105 10 kg	JUAMIELLITO
Lachard Caliell		,	·	Par Value or statement that
SEVENTH: Number of Shares	ruthorized:	Series	`	shares are without
No. of Shares	Class	PAID		110 Pai
100	ommon	JAN 2 9 1992		N. 11-126
	coned.	SEC'Y OF STAT		Par Value or statement that shares are without
EIGHTH: Number of Shares i		Series Series	_	par value
No. of Shares	Class			_
non			01 10	Day.
25	19 9 2	Lindrea	Ydoley	17
Dated What A D	an ke apariti	(Name of Corporation)	10	f
		By 1	Jan Jan)
(Report must be signed by	an officer)	Title Vice	I WASTER SAFE	74
(Report must be signed by				

State of Rhode	Island and Providence	Plantations
7711114 - (· ·)	* TONE DIVISION	

Filing Fee \$50.00	State of Rhode Island and	Providence Plantations	45
•			
	100 NORTH MAI PROVIDENCE, RHOD	EISLAND 02903 Annual Report for the year	1991
	0001033	Annual Report for the year	•
Corporate ID	0001033	ANDREA HOTEL, INC.	
First: Th	ooo1033		*********
		The state of	
*******************	It is incorporated under the laws of	Rhole)
SECOND:	It is incorporated under the days	Research Halil	(<u>-</u>
THIRD:	Character of business, briefly stated, is		***********
• • • • • • • • • • • • • • • • • • • •	Lummer		
*******************	If foreign corporation, address of its prin	ncipal office	***************************************
FOURTH:	If foreign corporation, address		************
		9 allantic lu	2
	Business address in Rhode Island	0001	
FIFTH:	Mrs quamicu	A	Α
			(Attach rider if necessary)
Sixth :	Names and addresses of its directors and	Officers: Address (including number, stre	et, zip code)
	Name		***************************************
	Director		
***************************************	Director		1
***************************************	Director		Madreal
	······································	102 (illantic)	Mg. W. W.
toa	n President		
A.	mand Calutte Vice President	dent	
0,70	Secretary		••••
na	and Queci Treasurer		
0/5	Q. M. 924.9	PAIR	Par Value or statement that
Seve	NTH: Number of Shares authorized:	Series JAN 1 / 1991 Coffware STATE	shares are without par value
	Class	Series 1991	P
	of Shares	Company	
J	00 no-1 w	OIATE	- 11 ha
			Par Value or statement that
Eigi	HTH: Number of Shares issued:		shares are without par value
	Class	Series	
No.	o, of Shares		

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0001033		Annual Report	for the year	30
First:	The name of the corporation	ı isANE	REA HOTEL, I	NC .	
Second:	It is incorporated under the	ne laws of Rh	ode Isla	ınd	
THIRD:	Character of business, briefl	ly stated, is	Summer	10827	r hotel
Fourth:	If foreign corporation, add	dress of its principa	ıl office		
Г ігтн: 1	Business address in Rhode I	• .			Island 0289
Sixth:	Names and addresses of its	•	ers:		ttach rider if necessary)
		Director			
***************************************		Director	••••••	••••••••••	•••••••••••••••••••••••••••••••••••••••
Leonar Leonar Loan F	ed Colucci	President	Denson	HierMigu	conject, R.T. 6289
	nd Colucci	•	50 mc as	1	
Seventh				OI	Par Value statement that tres are without
No. of Sha			Series	···	par value
10	0	Nopar PA	ND	C	om mo M
EIGHTH:	Number of Shares issued:	FEB 2 SEC'Y. OF	0 1990		Par Value estatement that ares are without par value
Dated 2 -	12 19 (Corporation)	totel I	-nc.
(Re	port must be s	Title	Dresid	ent	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0001033	Annual Report for the year 1989
FIRST: The name of the corporation is	ANDREA HOTEL, INC.
SECOND: It is incorporated under the laws of	Black Sland 11
THIRD: Character of business, briefly stated, is	Dienner, Frank Jotel
FOURTH: If foreign corporation, address of its pr	rincipal office
FIFTH: Rusiness address in Rhode Island	litlantic lue
Misqu America,	1 0 02891
SIXTH: Names and addresses of its directors and	Officers: (Attach rider if necessary) Address (including number, street, zip code)
Director	102 Pillyalus eu Dusquamica . 5
	+ Binson Cede Misquaminel R.S.
Director	,
President	Sames.
Langue Vice Preside	ent Janu
Secretary	Lane
Arand Saluccu's Treasurer	2 conce
SEVENTH: Number of Shares authorized:	Pas Value or statement that
No. of Shares Class	Series Series of Species of Species Series Series Series of Species Species Series Ser
100 Slave Da D	A 35 6
FIGURE Number of Shares founds	6 January.
EIGHTH: Number of Shares issued:	Par Value or statement that shares are without
No. of Shares Class	Series par value
Thus no las	1 Commercial Commercia
Dated 7 1989	(Name of Corporation)
·	By Dead Callens
	Title CICE President
Form 31 1/85	

Form 31 1/85

State of Rhode Island and Providence Plantations Corporations division 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 2033	Annual Report for	the year 1988
FIRST: The name of the corporation	is ANDREA HOTEL, 1	ис.
SECOND: It is incorporated under the	e laws of	ode leland
THIRD: Character of business, briefly	stated, is Summer res	Let Matel
FOURTH: If foreign corporation, add	ress of its principal office	
FIFTH: Business address in Rhode Isl	and 89 Atlantic Ave	, Misquamicut, BI
SIXTH: Names and addresses of its di	Office Address (includi	(Attach rider if necessary) ng number, street, zip code)
· · · · · · · · · · · · · · · · · · ·	Director	
Leanand Colucei	resident 10.3.H.hantic	Hive Misquanucut KT
Leonard Colucer	Vice President 4 Beason Hu	e.Misquamicut, RI 0280
don F. Iles		
Leonard Colucci	Treasurer 59 me	
SEVENTH: Number of Shares authori	zed:	Par Value or statement that
No. of Shares Class	Series	shares are without par value
100	PAID	116 Par Common
EIGHTH: Number of Shares issued:	JAN 19 1988	Par Value or statement that
No. of Shares Class	SEC'Y. OF STATE	shares are without par value
Dated - 12 19 8	(Name of Corporation)	tel Inc
(Report must be signed by an officer)	Title CPS	Les

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID	1033	••••••	Annual Rep	port for the year.	1987
First:	The name of the co	orporation isANDF	REA HOTEL, INC.		
Second	: It is incorporated	d under the laws of	Rhode I	sland	
THIRD:	Character of busin	ess, briefly stated, is	x.s.m.mu.C	rsort ha)tel
Fourth	: If foreign corpor	ation, address of its p	rincipal office		
Гі ғтн:	Business address in	Rhode Island 8.9.	Atlantic	ave Misqi	10 891 Car
Ѕіхтн:	Names and address	ses of its directors and		ess (including number, str	(Attach rider if necessary)
•••••		Director	••••••••••••	•••••••	
		Director			
***************************************		Director		*************************	•••••
Joan 7 . 7	tormerly Joan	resident	102 Adort	The Mi	501.0010.14 RT
1000	-101	Vice Desid		D. M	redriamient by
1			mi0e.13.50.3		reducionalient.
	Lles	,		***************************************	
/_&@ <i>\UC</i>	ard Coluc	C. Treasurer	•••••••••••••••••••••••••••••••••••••••	***************************************	
Seventh	H: Number of Shar	res authorized:			Par Value or statement that
No. of Sh		Class	Series		shares are without par value
10	0	No	Dar	Com	non
			PAID		
Еіднтн:	Number of Share	s issued:	MAR 20 1987		Par Value or statement that
No. of Sh	ares	Class		_	shares are without par value
		•	SEC'Y. OF STATE	, b	
Dated 3	12		Name of Corporation) By Joseph C	lotel In	Max 06 1997
(R	eport must be signed by	an officer)	Title Repl		
Form 31 1/85		 ,		·····y································	••••••••••••••••

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1033		Annual Report for	or the year 1986
FIRST: The name of the cor	poration is ANDREA	HOTEL, INC.	
			<u>d</u>
THIRD: Character of busines	ss, briefly stated, is	Um.mex	sort hotel
FOURTH: If foreign corporate	tion, address of its princ	ripal office	
Fifth: Business address in I	Rhode Island 8 9	Atlantie D	Rhode Toland
	s of its directors and of	ficers:	(Attach rider if necessary
	Director	••••••	
•••••••••••••••••••••••••••••••••••••••	Director	•••••••••••••••••••••••••••••••••••••••	
loan F. Coluce. Leonard Coluce Loan F. Coluce.	.i Vice President		Tidteam sutt as FrisimanperMessh
Leonard Colucci	Treasurer	•••••••••••••••••••••••••••••••••••••••	
SEVENTH: Number of Share: No. of Shares	Class	Series	Par Value or statement that shares are without par value
EIGHTH: Number of Shares	issued:		Par Value or statement that
No. of Shares	Cass Com Bo	Series	shares are without par_value No Pay
ated 2-11	19 SC. Nam	DOTEC HO	tel Inc.
A MAR 31 1986	By		Laluania
(Report must be signed by a	n officer) Title	E Kres	

State of Rhode Island and Fronidence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID.		AATODER U	Annual Report for the ye	
First:	The name of the cor	poration is ANDREA II	OTEL, INC.	
SECOND: THIRD:			Rhode Island	\
Fourth:	If foreign corpora	tion, address of its prince	pal office	
Г ІГТН:	Business address in	Rhode Island 89. A	tlantic The Yus	quanicut, RIT
Ѕіхтн:	Names and addresse	es of its directors and off	CETS: Address (including numbe	(Attach rider if necessary)
	***************************************	Director		,
Joan F.	. Calueri	President	247 Onklausa Hve	Canston B.T.
12000	d Calucai	Vice President .	4 Beason Heek	screening Lynnans
Joan I	Colucci	Secretary		
1-eams	nd Colucci	Treasurer		
SEVENTH	: Number of Share	es authorized:		Par Value or statement that
No. of Shi		Mo Par	Series	COWWOU
Еісити:	Number of Shares	issued:		Par Value ox statement that
No. of Shi	arcs	Class	Series	shares are without par value
10.	O	No Dar		Common
Dated 2 -	20	1985 (Nam	Andrea Hotel -	Loc.
(Re	eport must be signed by	L.C. By.C. an officer) Title		uci
70.131				
		02/25/85		
		PAID		
RAL 89	REA HOTEL, INC. PH F. COLUCCI ATLANTIC AVENUE QUAMICUT RI	ANRE CHEK 0388A001		

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations Office of the secretary of state

First:	The name of t	Ann he corporation is			1984 Inc.	
SECOND: THIRD:	Character of b	rated under the law				
		corporation, addres	s of its princ	pal office		
Г ь тн : ү с Ѕіхтн :	Names and a	ress in Rhode Islan L.C. A.C. M ddresses of its direst strong and no	ctors and off	•	3I. 028	91
	Namo	Office Director		Address		
Ralph C Joan F Joan F Ralph ((11 additional	Colucci	President Vice President Secretary Treasurer			Ave, Crops	ton, RI
SEVENTE No. of Sh	ares	f Shares authorize	Series	or shar	Par Value statement that es are without par value	
EIGHTH	og res	Shares issued: Class No Par	Series		Par Value statement that es are without par value	
Dated: 2	1800	1984 By	<u> </u>	pration), Constitution of the Constitution of	otel Inc	· ·

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations Office of the secretary of state

	nnual Report for t			
FIRST: The name of the corporation is	Andrea	Hotel II	JC''' "	
SECOND: It is incorporated under the	laws of Rhode	Laland		
THIRD: Character of business, briefly s				
FOURTH: If foreign corporation, add	ress of its princip	al office		
FIFTH: Business address in Rhode Isl	land (blank repor	ts will be maile	ed to this	
address) 87 Atlantic Ave M				
Sixth: Names and addresses of its d	•			
(Addresses must include street and				
Name Office		Address		
Director				
Director		· •		
Director				
Ralph Colucci President	247 Oa	Klawn Ave	Gonst	on RT
Joan Calucci Vice Preside		i, h	1,	
Joan Colucci Secretary	· · · · · · · · · · · · · · · · · · ·	1, u	11	l,
Prolah Colucci Treasurer	11	14 11	N	l _i
(If additional space is needed, attach rider)	•	•		O.
SEVENTH: Number of Shares author	ized:	Par Ve or stateme: shares are	nt that	
No. of Shares Class	Series	par val		
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Еіднти: Number of Shares issued:		Par Vo		
No. of Shares Class	Series	shares are par va	without	
100 No Dar 3	'	(pw.	MON	
2 3	•	,		
Dated: 3-8 1983	Hidrea	-Hotel.	Inc.	
	(Name of Corpora	tion)		
MAR 28 1983	10 m			
P .	(Report must b	e signed by an off	icer)	
1.00		3, a 011		
If the corporation has changed its regist	e office and/or	its registered age	int,	
Form #9 must be filed. Please contact Con		ntormation. 277-30)40	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations Office of the secretary of state

ANNUAL REPORT

OF	•
Andrea Ho-	tel Inc.
Pursuant to the provisions of Section amended, the undersigned corporation hereby	7-1.1-118 of the General Laws, 1956, as
SECOND: It is incorporated under the l	aws of Rhode Island
	ffice in Rhode Island is 89A+lantic
Due Mierromonit &	
and the name of its registered agent in Rhode	e Island at such address is Andrea Hotel
	address of its principal office in the state or
FIRTH: The character of the business in v	which it is actually engaged in Rhode Island,
briefly stated, is a Summer 15	esoct hotel
SIXTH: The names and respective addr	resses of its directors and officers are:
Director	
Director	and the second s
Director	
Director Director	
Director	
Ralph Calucci President	247 Oaklawn Ave Cronston, RI
Joan & Colucci Vice Presider	
Joan E. Coluce 1 Secretary	
Ralph Colucci Treasurer	
•	ares which it has authority to issue, itemized par value, and series, if any, within a class, is:
	Par Value per Sharo
Number of Shares Class	Shares are without Series Series Par Value
100	82
Common	Mo Par
	72. 6A*
	JUL 13,1982
	files from
	F 7 4 6:
FGRM 31 50M 9-72	1800 1500

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	or Statement that Shares are without Par Value
100	Common		No Par

Dated May 15, 1982

Andrea Hotel Inc.

By Joan Colucce Bras

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

		\mathbf{OF}			
t	Andrea Hos	ت ای			
Pursuant to the pamended, the undersign	provisions of Secti ned corporation he	ion 7.1. reby suk	1-118 of the (omits the follow	General Laws, 1956, as ving annual report: teし ゴかこ.	
THIRD: The addr	ess of its registere	d office i	n Rhode Island	Island 1 is 89 Atlantic ess is Andrea	
Hotel	***************************************		***************************************		
				cipal office in the state or	
				ually engaged in Rhode	
SIXTH: The names	and respective add		its directors a	nd officers are:	
	Director	r			
	Director	r			
	Directo	r			
	Directo:	r			
	Directo	r			
	Directo	r			
Halph F. Colu	Preside	nt	247 Oaki	awn Ave Cransta	u' KI
Joan L. Colu	Vice Pr	esident	a Maria	1 _k 1 _k 1 _k 1 _k	. 4
Joan E. Colu	-	ry		M 18 19 11	¥1
Ralph t. Coluc	Treasu	rer	T	Manager against and the	¥1
SEVENTH: The a by classes, par value of s	ggregate number o shares, shares with	of shares out par v	which it has a value, and serie	athority to issue, itemize s, if an y , within a class, is Par Value per Share	d :
Number of Shares	Class No D	1 23	Series_	or Statement that Shares are without Par Value	
, , ,		OT .		~ w mon	
		5070A14····]		JAN 26 1981	
Form 31 35M 11:77		1 5.0 1 5.0			

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

	Number of Shares	Cluss:	Series	; . 	Par Value per Share or Statement that Shares are without Par Value
;	(00	No Par	·		Common
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Da	ted 1-21	, 1981	Andrea	Hote	IJac
!	•	Ву		OF CORPORATION	1.
•		: B y ➤	John C	s Vice	President

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

	OF			
	Rodrea Hote	1 700		
(.,,			1.7	
Pursuant to the pro amended, the undersigned	visions of Section 7.1	.1-118 of the G	eneral Laws, 1956, as	
amended, the undersigned	t the composition is	odres Ha	tel Inc	
FIRST: The name of	title corporation is . i.i	1 11, J (L)		
		- 1	T-11	
SECOND: It is incor	porated under the laws	of Mhode	TEIOUOI	
THIRD: The address	s of its registered office	in Rhode Island	is	
89 A+lar	HICAYC MI	squamicu	H-137	
and the name of its registe				
Commun. If a famoi	on composition the add	lress of its princi	pal office in the state or	
country under the laws of				
country under the laws of	witten to is incorporated	113		
	.,		1 D1 - 1-	
FIFTH: The charac	cter of the business in	which it is actu	ally engaged in Rhode	
Island, briefly stated, is.	5ummer 1	182007 J	notel	
			a commence of the end	
			and the second of the second special second	
SIXTH: The names an	d respective addresses o	of its directors an	d officers are:	
SIXTH: The names an	Office	of its directors an	d officers are: Address	
Name	Office Director	,	Address	
Name	Office Director Director	,	d officers are:	
Name	Office Director Director Director	,	Address	
Name	Office Director Director Director Director	,	Address	
Name	Director Director Director Director Director Director		Address	
Name	Office Director Director Director Director Director Director Director		Address	т
Name Rolph Coluce	Director Director Director Director Director Director Director President	247.Oak	lawa Ave Cranston R	<u>I.</u> ,
Rolph Colucei	Office Director Director Director Director Director Director Director Vice President	1247.0ak	lawn Ave Cranston R	I.
Ralph Colucei Joan Colucei Joan Colucei	Office Director Director Director Director Director Director Vice President Secretary	247 Oak 247 Oak	lawa Ave Cranston Rilawa Ave Cranston, 1-	Ţ.,
Rolph Colucei	Office Director Director Director Director Director Director Vice President Secretary	247 Oak 247 Oak	lawn Ave Cranston R	I.
Ralph Coluce, Joan Coluce, Joan Coluce, Ralph Coluce Seventh: The age	Director Director Director Director Director Director Director Director Director Tresident Vice President Secretary Treasurer	247 Oak 247 Oak	lawn Ave Cranston R	I.
Ralph Colucci Joan Colucci Joan Colucci Palph Colucci	Director Director Director Director Director Director Director Director Director Tresident Vice President Secretary Treasurer	247 Oak 247 Oak	lawn Ave Cranston R (lawn Ave Cranston, 1-	I. 7.
Ralph Coluces Joan Coluces Joan Coluces Ralph Coluces Seventh: The agg by classes, par value of sha	Director Director Director Director Director Director Director Director Director Tresident Vice President Secretary Treasurer	247 Oak 247 Oak	Address lown Ave Cranston R (lown Ave Cranston, 1- thority to issue, itemized if any, within a class, is: Par Value per Share or Statement that	I.
Ralph Coluce, Joan Coluce, Joan Coluce, Ralph Coluce Seventh: The age	Director Director Director Director Director Director Director Director Director Tresident Vice President Secretary Treasurer	247 Oak 247 Oak	Address lown Ave Cranston R lown Ave Cranston, 1- thority to issue, itemized if any, within a class, is: Par Value per Share	I.
Name Ralph Coluce: Joan Coluce: Joan Coluce: Rolph Coluce: Seventh: The agg by classes, par value of sha Number of Shares	Director Director Director Director Director Director Director Director Director Tresident Vice President Secretary Treasurer	247 Oak t 247 Oak es which it has au value, and series	thority to issue, itemized if any, within a class, is: Par Value per Share or Statement that Shares are without	T.""
Ralph Coluces Joan Coluces Joan Coluces Ralph Coluces Seventh: The agg by classes, par value of sha	Director Director Director Director Director Director Director Director Director Tresident Vice President Secretary Treasurer	247 Oak t 247 Oak es which it has au value, and series	thority to issue, itemized if any, within a class, is: Par Value per Share or Statement that Shares are without	I.
Name Ralph Coluce: Joan Coluce: Joan Coluce: Rolph Coluce: Seventh: The agg by classes, par value of sha Number of Shares	Director Director Director Director Director Director Director Director Director Tresident Vice President Secretary Treasurer	247 Oak t 247 Oak es which it has au value, and series	thority to issue, itemized if any, within a class, is: Par Value per Share or Statement that Shares are without	<u> </u>

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Form 31 35W 11-77

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Par Value per Shares

; ; 1	Number of Shares	; <u>cı</u>	uss (Series	i	or Statement that Shares are without Par Value
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Dated	H -10	, 1980	And	rea H	.o.⊹e	
			By Common By	NAME OF C	\mathcal{O}	ecce)
		į	By foras	Its	Vic	e President
i.				!		. –

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

amended, the undersi	ened corporation hereby a	submits the fol	e General Laws, 1956, as lowing annual report:	
SECOND: It is it	ncorporated under the law	8 of Rhad	e Taland	
THIRD: The ad	dress of its registered office	e in Khode Isla	nd is	
13.H+101	1716 HAG 1120	Juamicus	RI	
and the name of its re	gistered agent in Khode 18	land at such ad	dress is	
			incipal office in the state or	
country under the law	s of which it is incorporate	ed is . 	angular a section of the section of the section of	
FIFTH: The ch	aracter of the business i	n which it is	actually engaged in Rhode	
Island, briefly stated	, is resort ho	+el		
SIXTH: The name	es and respective addresses	of its directors	and officers are:	
	Director	- · · -		
	Director		and the second second second second second	
	Director			
Ralph Coluce	2. President	247 C	laklawn Ave. Cronston,	
Joan Coluce	•	nt 🐧 .		1,
Joan Coluci	Secretary Secretary	• • • • • • • • • • • • • • • • • • • •	$\mathbf{n} = \mathbf{n} + \dots + \mathbf{n}$	"
KalphColuce	Treasurer		()	n
SEVENTH: The by classes, par value o	e aggregate number of sha f shares, shares without pa	res which it has r value, and ser	authority to issue, itemized ries, if any, within a class, is:	
			Par Value per Share or Statement that Shares are without	
Number of Shares	Class	Series	Par Value	
١٨٨	C 222 - 242	78	No Por	
100	Common		ייוט יקן	
		6795A14]	MAY 24 1978	
Form 31 35M 11-77		5.0 0 5.00		

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Par Value per Share or Statement that Shares are without Par Value Number of Shares Class Series Commo U 100 No

Dated 5-20 , 1978

Hindrea Hotel In

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

amended, the undersign	rovisions of Section 7.1 ed corporation hereby su of the corporation is	ibmits the follo	wing ann	ual report		ŗ
SECOND: It is inc	orporated under the laws	of Rhode	Isla	od .		
	ess of its registered office			^	ic Av	10
	Sut PI					
and the name of its regis	stered agent in Rhode Isla	ind at such addr	ess is A	ndrea		
FOURTH: If a for	eign corporation, the add	lress of its princ	cipal offic	e in the sta	ite or	
	of which it is incorporated	=	-			
	-					
FIFTH: The char	acter of the business in	which it is act	ually eng	gaged in F	≀hode	
	s a hotel bu					
		 .				
SIXTH: The names a	and respective addresses o	of its directors a	nd officer:	s are:		
	Director					
	Director					
	Director					
	Director					
	Director					
	Director			<u></u>		
Halph Coluce		241 Ou	Klausn	Hue. Ca	-	1,12
Youn & Coluce	- ;		١,	1,	1,	1
Joan & Coluc		11	' 1	r ₁	*1	r ţ
Kalph Coluce	ر Treasurer	17	IN .	, i	h i	И
	gregate number of share nares, shares without par		s, if any, w	vithin a cla	ss, is:	
M			or	Value per Sha Statement tha	t	
Number of Shares	Class	<u>Series</u>	Sha	res are withou Par Value		
100	Common	10	7201	Valu	ر	

JUL 20 1977

FORM 31 35M 9-76

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

! !	Number of Shares	Cla	58	l Series	. :	Par Value per Share or Statement that Shares are without Par Value
:	100	C	u o m m'o. . i ·	Mo-	Par	Value
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FORM 31 35M 10-75

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

	•	OF	
A	drea Hote	I Inc.	
Pursuant to the pro amended, the undersigned	visions of Section I corporation here	n 7-1.1-118 of the General Laws, 1956, as by submits the following annual report: is Andrea Hotel Inc	
		laws of Phode Island	
MISQUOMICUL, and the name of its register	red agent in Rhod	office in Rhode Island is 89 Atlantic Hve le Island at such address is Andrea	•
		ne address of its principal office in the state or orated is	
	The Andre	ss in which it is actually engaged in Rhode a. Hotelis a Summer	
SIXTH: The names a	nd respective add	resses of its directors and officers are:	
	Director		
	Director		
,			
-	Director		
Rolph F. Colucci	President	247 Oaklawn Hve. Cranston, KI	.•
Joan E. Colucci Joan E. Colucci		ent	
Ralph F. Colucc	Secretary Treasurer		
•		hares which it has authority to issue, itemized	
		par value, and series, if any, within a class, is:	
Number of		Par Value per Share or Statement that Shares are without	
Shares	Class	Series Par Value	
100	Common	MAY 1 8 1976	

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Par Value per Share

Number of Shares	Class	Series .	Par Value per Share or Statement that Shares are without Par Value
100	Common	1 · · · · · · · · · · · · · · · · · · ·	Nopar
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1			<u>i</u>
Dated 4-19	,1976 Hadro	en Hotel	TUC
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1	i ;	Ito Luce	i vicialni

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

\mathcal{H}	odrea Hote	i Inc	
Pursuant to the provis	ions of Section 7-	-1.1-118 of the Genera	l Laws, 1956, as
amended, the undersigned co	orporation hereby s	Hodrea Hotel	inual report:
FIRST: The name of t	ne corporation is	J. J. H. SAMAKALLI, J. S.S.A. KELI	A transferred Advantage of the control of the
SECOND: It is incorpo	rated under the lay	vs of Rhode Is	sland
		ce in Rhode Island is	
THIRD: The address o	or its register <u>eu o</u> int	Throat Island Island	
and the name of its registere	d agent in Rhode Is	aland at such address is	
39me			
•		ddress of its principal o	
country under the laws of w			
country under the laws of w			
	•	in which it is actually	
Island, briefly stated, is	Process to the business to	te (
Island, prieny seaved, is		the state of the s	
Civru. The names and	d respective addres	ses of its directors and o	fficers are:
Name	Office	Addre	55
	Director		
	Director		
	Director		and the second second second
	Director Director	<u> </u>	
Rabh F. Colucci	President	247 Oaklow	O Ave Cranston, RI
Joan E. Colucci			
Joan E Colucci	Secretary	Administration of the second	
Ralph F. Colucc	•		
1		res which it has authorit	y to issue, itemized
by classes, par value of share	s, shares without pa	ar value, and series, if an	y, within a class, is:
-			Par Value per Share or Statement that
Number of Shares	Class	Series	Shares are without Par Value
100 C	ommon		

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FORM 31 25M 11-74

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

	Number of Shares	Class	\$ 5 1	Series	•	Par Value per Share or Statement that Shares are without Par Value
	100	Commo	ju N		· .	
	; ;)	 		
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D	ated epsel	15,1975 _!	andr	CO)	CORPORA	L Duc.
	' •	:	By	\mathcal{L}^{\prime}	(a)	
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To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

	Andrea H	Latel T	-0.C.		
Purquent to the	e provisions of Section			1956. as	
amended, the undersi	igned corporation hereby	y submits the follo	owing annual rep	ort:	
FIRST: The na	me of the corporation is		,		
Ho	Inec Hotel	Inc.		,	
	incorporated under the l				
THIRD: The ad	ldress of its registered of	ffice in Rhode Isla பட்டியுக்குபத்த	nd is		
	gistered agent in Rhode				
A	sib aiziM pete	- n e V			
	foreign corporation, the				
	ws of which it is incorpo				
country under the las	_				
	haracter of the business			in Khode	
Island, briefly stated	•				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Sixth: The name	mes and respective addre	esses of its directo	ors and officers ar	e:	
278370	Director				
	Director				•
Ralph F. Col	Licoi President	247 O	aklawa Av	ες Οραμαλ	on, RII
WoonFi Coluc	Vice Preside	nt I was	u_{i} u_{i}	Ly	11
100 I apoli	Colodia Secretary	. X.	1) in	j)	11
	ducci. Treasurer	Vy			П
SEVENTH: The	aggregate number of sh f shares, shares without p	ares which it has par value, and ser	authority to issue ies, i f any, within	, itemized a class, is :	
-			Par Value or Statem	per Share	
Number of Shares	Class	Series	Shares an Par V	without	
100 -	Common				

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Shore or Statement that Shares are without Par Value
100	Common	· 1	

Dated Nov. 21 , 1974

Andrea Hatel Inc

By Jan Cale

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To be filed annually between January 1st and March 1st

State of Chode Island and Providence Plantations Office of the secretary of state

ANNUAL REPORT

OF

	ned corporation hereb	y submits the follow	neral Laws, 1956, as ing annual report:
SECOND: It is in	corporated under the l	aws of Ahook	ISLAND
	ress of its registered of		is
and the name of its reg	ristered agent in Rhode かん		
FOURTH: If a for country under the laws	-		oal office in the state or
FIFTH: The chara			gaged in Rhode Island,
	. • 		
c. 1991	3	A * 1 1 1	1 6
	es and respective addr	esses of its directors	and omcers are:
Name	Office	A	
Name	Office Director		ddress
Name	Office Director Director		ddress
Name	Director Director Director		ddress
Name	Office Director Director Director Director		ddress
Name	Director Director Director Director Director Director	A	
Name	Director Director Director Director Director Director Director	A	Address
Name RALPA F. Colve	Director Director Director Director Director Director President	147 ONK LA	Address
Name RALPA F. Colve	Director Director Director Director Director Director Director Vice President	147 OAK LA	WA AKE CRANS
RALPA F. COLV. John E. Colve	Director Director Director Director Director Director Director Vice President Secretary	147 OAK LA	WA ARE CRANS. WA ARE CRANS.
RALPA F COLVE JOHN E COLVE ACTIVE FIECE SEVENTH: The ag	Director Director Director Director Director Director Director Director Director The Signature Secretary Treasurer Treasurer	147 OAK LA it dy 7 OAK LA iv ASA (NGTON) ires which it has auth	WA AVE CRANS WA AVE CRANS WAS TO SEE WESTERE Westere
RALPA F COLVE JOAN E COLVE ACTILLA F COLVE SEVENTH: The ag	Director Director Director Director Director Director Director Director Director The Signature Secretary Treasurer Treasurer	147 OAK LA it dy 7 OAK LA iv ASA (NGTON) ires which it has auth	AVE CRANS. AVE CRANS. AVE CRANS. AVE CRANS. WESTERE westere arrity to issue, itemized fany, within a class, is: Par Value per Share
RALPA F COLVE JOAN E COLVE ACTILLA F COLVE SEVENTH: The ag	Director Director Director Director Director Director Director Director Director The Signature Secretary Treasurer Treasurer	147 OAK LA it dy 7 OAK LA iv ASA (NGTON) ires which it has auth	AND AND CRANS. TRUST ALDE WESTERE westere tority to issue, itemized fany, within a class, is:
RALPA F COLO JOAN E COLO AMLPA F COLO ACMALE PICCO SEVENTH: The ag by classes, par value of s	Director Director Director Director Director Director Director Director President Vice President Secretary Treasurer gregate number of sha	AYTORK LA nt dy T onk La w ASA we Town wes which it has auth par value, and series, i	AVE CRANS AVE CRANS AVE CRANS TRUST BLAG WESTERE fority to issue, itemized fany, within a class, is: Par Value per Share or Statement that Shares are without

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FORM 31 50M 0-72

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

: -: -:	Number of Shares	·	Class			Series		Par Value or State Shares a	e per Shar ment that re without Value	• .
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To be filed annually between January 1st and March 1st

State of Chode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

Pursuant to the	provisions of Section	on 7-1.1-118 of the	General Laws, 1956, as
amended, the undersig	ned corporation her	reby submits the foll	owing annual report:
FIRST: The nam	ie of the corporation	1 18	Jac Jate
			Island
Muscupmus	1. F.T.		nd is 89. Atlantic Ave.
and the name of its re	gistered agent in Rh	ode Island at such a	ddress is Hache co
			ncipal office in the state or
			engaged in Rhode Island,
SIXTH: The nam	nes and respective ac	ddresses of its direct	ors and officers are:
	Director		
	Director	<u>-</u>	
Rolph F. Colum	President		lawn Ave Cranston RI
			Klama Ave Chanston R
Joan E. Coli			Hlawn Hve Cranston, P.
Ralph F. Coli	പരവേഷ Treasurer	247(<u>)</u> e	Klown His Cranston, R
			uthority to issue, itemized es, if any, within a class, is:
Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Commo	· ~	
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		ering Service	NOV 1 6 1972
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FORM 31 BOM 8-72

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Par Value per Share

Par Value per Share or Statement that Shares are without Par Value Number of -Shares Hodred Dated 11 - 16 , 19 72 īta .

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

	_	REPORT				
	Indrea Hotel	· -				
Pursuant to the amended, the undersi	provisions of Section gned corporation here	n 7.1.1-118 of th by submits the fo	he General Laws, 1956, as pllowing annual report:			
THIRD: The ad	dress of its registered	office <u>in</u> Rhode Isl ade. <u>JD</u> and	de Island landis 89 Atlantichve. ddress is Andrea Hotel			
	•	-	rincipal office in the state or			
Island, briefly stated	is Summer	resort ho	actually engaged in Rhode			
	s and respective addre		rs and officers are:			
Name	Office Director	,	Address			
	Director					
	Director					
	Director					
	Director Director					
Rolph F. Coli			Daklown Ave Cranston, H	$\overline{\mathcal{M}}$		
Joan E. Colu				1)		
	Secretary		N	H		
1	Lucci Treasurer		.	t^{j}		
			s authority to issue, itemized ries, if any, within a class, is:			
			Par Value per Share or Statement that			
Number of Shares	Class	7 Series	Shares are without Par Value			
100	No Par	79	Common			
		24	JUL 19 1979			
		· 10		_		
		* 0 9 · · ·	MYC			
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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares

Class

Class

Series:

Par Value per Share or Statement that Shares are without Par Value

Common

Dated 7-10, 1979

Andrea Hotel Inc.