



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. 80238		2. Name of Corporation Green Hill Beach Motel, Inc.		
3. Street Address Principal Business Office 3877 OLD POST ROAD		City CHARLESTOWN	State RI	Zip 02813-
4. Business Phone No. 4017899153		5. State of Incorporation RHODE ISLAND		6. SIC Code 7096
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE GENERALLY IN THE MOTEL BUSINESS AND RELATED BUSINESSES.				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Anthony B. Brogi, Jr.		Vice President Name None		
Street Address P.O. Box 24		Street Address		
City Charlestown	State RI	Zip 02813	City	State Zip
Secretary Name Margaret L. Hogan, Esquire		Treasurer Name Mary A. Brogi		
Street Address 344 Main Street, Suite 200		Street Address P.O. Box 24		
City Wakefield	State RI	Zip 02879	City Charlestown	State RI Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name None		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 type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series Par Value
500 NO PAR VALUE			300	Common No Par Value

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



8 0 2 3 8

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.

Anthony B. Brogi, Jr. 3/7/2005
Signature of Officer Date
Anthony B. Brogi, Jr.
Print or Type Name of Officer
President
Title of Officer

80238 DEPT 05 01:38:33 PM
FILED
File Date
MAR 14 2005
Check No.
By *[Signature]*
FOR SECRETARY OF STATE USE ONLY



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80238		2. Name of Corporation Green Hill Beach Motel, Inc.			
3. Street Address Principal Business Office 3877 Old Post Road			City Charlestown	State RI	Zip 02813
4. Business Phone No. 401-789-9153		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Motel business					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony B. Brogi, Jr.			Vice President Name None.		
Street Address P.O. Box 24			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Secretary Name Margaret L. Hogan			Treasurer Name Mary A. Brogi		
Street Address 344 Main Street, Suite 200			Street Address P.O. Box 24		
City Wakefield	State RI	Zip 02879	City Charlestown	State RI	Zip 02813
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None.			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 type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 No Par Value			300	Common	No Par Value

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



8 0 2 3 8

File Date	FILED
Check No.	FEB 18 2004
By:	M 50936
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.

Anthony B. Brogi, Jr. 2/11/2004
Signature of Officer Date
Anthony B. Brogi, Jr.
Print or Type Name of Officer
President
Title of Officer



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

80238

2. Name of Corporation

Green Hill Beach Motel, Inc.

3. Street Address Principal Business Office

3877 Old Post Road

City

Charlestown

State

RI

Zip

02813

4. Business Phone No.

401-789-9153

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7096

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

Motel Business

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

President Name

Anthony B. Brogi, Jr.

Vice President Name

None.

Street Address

P.O. Box 24

Street Address

City

Charlestown

State

RI

Zip

02813

City

State

Zip

Secretary Name

Margaret L. Hogan

Treasurer Name

Mary A. Brogi

Street Address

212 Main Street, Suite 4

Street Address

P.O. Box 24

City

Wakefield

State

RI

Zip

02879

City

Charlestown

State

RI

Zip

02813

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

Director Name

None.

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

500 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

300

Common

No Par Value

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



* 8 0 2 3 8 *

File Date:

3.3.03

Check No.:

11388

By:

1UP

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.

Anthony B. Brogi, Jr. 2/27/2003
Signature of Officer Date

Anthony B. Brogi, Jr.

Print or Type Name of Officer

President

Title of Officer



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.

80238

2. Name of Corporation

Green Hill Beach Motel, Inc.

3. Street Address Principal Business Office

3877 Old Post Road

City

Charlestown

State

RI

Zip

02813

4. Business Phone No.

401-789-9153

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7096

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

Motel business

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Anthony B. Brogi, Jr.

Vice President Name

None.

Street Address

P.O. Box 24

Street Address

City

Charlestown

State

RI

Zip

02813

City

State

Zip

Secretary Name

Margaret L. Hogan

Treasurer Name

Mary A. Brogi

Street Address

212 Main Street, Suite

Street Address

P.O. Box 24

City

Wakefield

State

RI

Zip

02879

City

Charlestown

State

RI

Zip

02813

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None.

Director Name

None.

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

None.

Director Name

None.

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

500 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

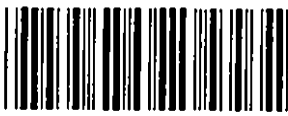
Par Value

300

Common

No par value

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



* 8 0 2 3 8 *

File Date:

2/26/02
11349

Check No.:

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.

X Anthony B. Brogi, Jr. 2/22/2002
Signature of Officer Date

Anthony B. Brogi, Jr.

Title of Officer

President

5



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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80238 2. Name of Corporation Green Hill Beach Motel, Inc.

3. Street Address Principal Business Office

63 Green Hill Ocean Drive

4. Business Phone No.

(401) 789-9153

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

Motel business

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

President Name

Anthony B. Brogi, Jr.

Street Address

P.O. Box 24

City

State

Zip

Charlestown

RI

02813

Secretary Name

Margaret L. Hogan

Street Address

201 Waterman Avenue

City

State

Zip

East Providence

RI

02914

City

State

Zip

South Kingstown

RI

02879

6. ~~7098~~

City

State

Zip

Treasurer Name

Mary A. Brogi

Street Address

P.O. Box 24

City

State

Zip

Charlestown

RI

02813

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

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

500 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

300

Common

No Par Value

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



* 8 0 2 3 8 *

File Date: 2/11/00

Check No.: 10956

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.

Anthony B. Brogi, Jr. 2/8/2000
Signature of Officer Date

Anthony B. Brogi, Jr.
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
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80238** 2. Name of Corporation **Green Hill Beach Motel, Inc.**
3. Street Address Principal Business Office City State Zip
63 Green Hill Ocean Drive **South Kingstown** **RI** **02879**
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 789-9153 **RHODE ISLAND** **7098**
7. Brief Description of the Character of Business Conducted in Rhode Island

motel business

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

President Name Anthony B. Brogi, Jr.	Vice President Name none
Street Address P. O. Box 24	Street Address
City State Zip Charlestown RI 02813	City State Zip
Secretary Name Margaret L. Hogan	Treasurer Name Mary A. Brogi
Street Address 201 Waterman Avenue	Street Address P. O. Box 24
City State Zip East Providence RI 02914	City State Zip Charlestown RI 02813

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

Director Name none	Director Name none
Street Address	Street Address
City State Zip	City State Zip
Director Name none	Director Name none
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
500 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
300 Common No Par Value

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



* 8 0 2 3 8 *

File Date: **Feb 16, 99**

Check No.: **10698**

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.

Anthony B. Brogi, Jr. **2/9/99**
Signature of Officer Date

Anthony B. Brogi, Jr.
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 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

80238

Green Hill Beach Motel, Inc.

3. Street Address Principal Business Office

City

State

Zip

63 Charlestown Beach Road East

South Kingstown

RI

02813

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 789-9153

RHODE ISLAND

7096

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

motel business

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

President Name

Vice President Name

Anthony B. Brogi, Jr.

None

Street Address

Street Address

P. O. Box 24

City

State

Zip

City

State

Zip

Charlestown

RI

02813

Secretary Name

Treasurer Name

Margaret L. Hogan

Mary A. Brogi

Street Address

Street Address

201 Waterman Avenue

P. O. Box 24

City

State

Zip

City

State

Zip

East Providence

RI

02914

Charlestown

RI

02813

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

Director Name

Director Name

None

None

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

None

None

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

500 SHS NO PAR VALUE

300

Common

No Par Value

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



* 8 0 2 3 8 *

File Date: 2/27

Check No.: 16448

By: KD

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.

Anthony B. Brogi, Jr.
Signature of Officer

Feb. 26, 1998
Date

Anthony B. Brogi, Jr.

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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

80238

Green Hill Beach Motel, Inc.

3. Street Address Principal Business Office

City

State

Zip

63 Charlestown Beach Road East

South Kingstown

RI

02813

4. Business Phone No.

5. State of Incorporation

(401) 789-9153

RHODE ISLAND

6. SIC Code

7096

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

motel business

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

President Name

Vice President Name

Anthony B. Brogi, Jr.

None

Street Address

Street Address

P.O. Box 24

City

State

Zip

City

State

Zip

Charlestown

RI

02813

Secretary Name

Treasurer Name

Margaret L. Hogan

Mary A. Brogi

Street Address

Street Address

201 Waterman Avenue

P.O. Box 24

City

State

Zip

City

State

Zip

East Providence

RI

02914

Charlestown

RI

02813

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

Director Name

Director Name

None

None

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

None

None

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

500 SHS NO PAR VALUE

300

Common

No Par Value

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



* 8 0 2 3 8 *

File Date: 2-13-99

Check No.: 10109

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.

[Signature] February 13, 1997
Signature of Officer Date

Anthony B. Brogi, Jr.

Print or Type Name of Officer

President

Title of Officer

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 80238		2. NAME OF CORPORATION Green Hill Beach Motel, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 63 Charlestown Beach Road East		CITY Charlestown	STATE RI
4. BUSINESS PHONE NO. (401) 789-9153		5. STATE OF INCORPORATION RHODE ISLAND	
		6. ZIP CODE 02813	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND motel business			

B. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Anthony B. Brogi, Jr.			VICE PRESIDENT NAME None		
STREET ADDRESS P.O. Box 24			STREET ADDRESS		
CITY Charlestown	STATE RI	ZIP CODE 02813	CITY	STATE	ZIP CODE
SECRETARY NAME Margaret L. Hogan			TREASURER NAME Mary A. Brogi		
STREET ADDRESS 201 Waterman Avenue			STREET ADDRESS P.O. Box 24		
CITY East Providence	STATE RI	ZIP CODE 02914	CITY Charlestown	STATE RI	ZIP CODE 02813

C. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME None			DIRECTOR NAME None		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME None			DIRECTOR NAME None		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

D. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
500 SHS NO PAR VALUE			300	Common	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 contained herein are true and correct.

File Date: 2/5/96
Signature of Officer: Anthony B. Brogi, Jr. 2/2/96

Check No: 9557
Print or Type Name of Officer: Anthony B. Brogi, Jr.

By: [Signature]
Title of Officer: President
Date: February, 1996

For Secretary of State Use Only

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: 0060238

Annual Report for the year: 1995

Name of Corporation: Green Hill Beach Motel, Inc.

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

63 Charlestown Beach Road East
South Kingstown, RI 02879

Phone: (401) 789-9153

Brief statement of the character of business conducted in Rhode Island:

motel business

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Anthony B. Brogi, Jr.	P.O. Box 24, Charlestown, RI	02813	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Anthony P. Brogi	P.O. Box 24, Charlestown, RI	02813	
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Margaret L. Hogan	201 Waterman Avenue, East Providence, RI	02914	
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Mary A. Brogi	P.O. Box 24, Charlestown, RI	02813	
Gisela M.E. Brogi, Asst. Trea.	P.O. Box 24, Charlestown, RI	02813	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

500 Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

300 Common

 JAN 30 1995
 By: 104130 9095

Date January 28, 1995

By:

Anthony B. Brogi, Jr.

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

 MARGARET L. HOGAN
 HOGAN & HOGAN
 201 WATERMAN AVENUE
 EAST PROVIDENCE RI 02914