

### 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 I	IN BLACK)				
1. Corporate ID No.	2. Name of Co		<u> </u>	<del></del>	<del> </del>
80238		l Beach Motel, Inc.			
3. Street Address Principal E			1City	State	Zip
3877 OLD POST R	OAD		CHARLESTOWN	RI	02813-
4. Business Phone No.		5 State of Incorpora	ntion		6. SIC Code
4017899153		RHODE ISLA	ND		7096
7. Brief Description of the C	haracter of Business	Conducted in Rhade Island	<del></del>		
TO ENGAGE GENERAL	LY IN THE MOT	EL BUSINESS AND RE	LATED BUSINESSES.		
/ <del></del>					
President Name	LOSIA OF THE C	THICERS ("X_ BOX FOR	ATTACHMENT)   FILL IN SP	ACES BEFORE USING A	TTACHMENTS
Anthony B. Brog	i. Jr.	•	· None		
Sireci Address			Sireei Address	<del></del>	
P.O. Box 24			-		
City	State	{Zip	Cin		<del></del>
Charlestown	RI	02813	Cut	State	Zip
Secretary Name			Treasurer Name		
Margaret L. Hogan, Esquire			Mary A. Brogi	•	
Street Address			'Street Address	· · · · · · · · · · · · · · · · · · ·	
344 Main Street, Suite 200					
City	State		.P.O. Box 24	<del></del>	<del></del>
Wakefield	RI	! 02879	City	State	Zip
	i	•	. Charlestown	RI	02879
Director Name	resers Of THE D	TRECTORS ("X" BOX FO	RATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS
None.			Director Name	•	
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Street Address			· Street Address		
			•		
Ciņ	State	Zip	·Cin	State	Zip
			•		}
Director Name			Director Name		
·			•		
Street Address			Sireel Address	<del></del>	
			•		
Ciny	Siale	Zip	Cin	State	
10. SHARES AUTHORI	ZED ("X" BOX FO	OR ATTACHMENT)	U. SHARES ISSUED CA	" BOX FOR ATTACHMEN	<u></u> ,
AUTIORIZED SHARES			ISSUED SHARES	•	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
SOO NO DAD VALUE				( .	
500 NO PAR VALUE		300	Common	No Par Value	
	<del></del>		<del></del>		
					·
This report must be sig	ned in ink hu ai	ther the President 16am	President, Secretary, Assis	1 T	
post milat be ofg	in the by th	mer ine i resident, vice	r resident, Secretary, Assis	iani secretary, treasi	urer, Receiver or Trustee
	F <b>101</b> III1 I <b>0</b> 1				



*80238 🗅	PU DEDENOS 01:38:33 PM*
File Date	A 1 4 2005
Check No.	
Β <u>ν.</u>	
FOR SECRE	TARY 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.

President Title of Officer

Form 630 12/01



FOR SECRETARY OF STATE USE ONLY

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) 2. Name of Corporation 1. Corporate ID No. 80238 Green Hill Beach Motel, Inc. 3. Street Address Principal Business Office Cirv State Zip 3877 Old Post Road Charlestown RI 02813 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-789-9153 RHODE ISLAND 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 Vice President Name Anthony B. Brogi, Jr. · None. Street Address Street Address P.O. Box 24 City State Žip City State Zip Charlestown RI 02813 Secretary Name Treasurer Name Margaret L. Hogan Mary A. Brogi Street Address Street Address 344 Main Street, Suite 200 P.O. Box 24 Cirv State Zip Cin State Zip Wakefield RΙ 02879 Charlestown RI 02813 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None. Street Address · Street Address City State Zip City State Zip Director Name Director Name Street Address ·Street Address City State State Zio RI 02879 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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 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

Print or Type Name of Officer

President
Title of Officer Form 630 12/01

Anthony B. Brogi, Jr.



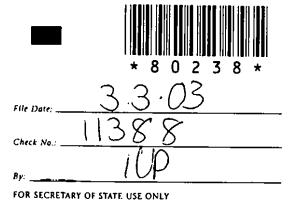
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Screet, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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(FORM MUST BE TYPED OR I'R!	- •				
I. Corporate ID No.	2. Name of Corpo				
80238	Green Hill	Beach Motel, Inc.			
3. Street Address Principal Busine			City	State	Zip
3877 Old Post	t Road		Charlestown	RΙ	02813
4. Business Phone No.		5. State of Incorporat	lon		6. SIC Code
401 - 789 - 9153		RHODE ISLA	AND		7096
7. Brief Description of the Charac Motel Business		lu Rhode Island			
8. NAMES AND ADDRE	ESSES OF THE OF	FICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES BI	EFORE USING ATTA	CHMENTS
President Name			Vice President Name		•
Anthony B. Bro	gi, 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. Ho	gan		Mary A. Brogi		
Street Address	_		Street Address		
212 Main Stree	t, Suite 4		P.O. Box 24		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Charlestown	RI	02813
9. NAMES AND ADDRE	ESSES OF THE DIE	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACES	BEFORE USING ATT	ACHMENTS
Director Name			Director Name	DD: 0112 001110 7411	
None.					
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 AUTHORIZ	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES			ISSUFID SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			300	Common	No Par Value
TOTAL FALLACE					
			The state of the s		

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 B. Brogit 2/27/2003

Anthony B. Brogi, Jr.

Print or Type Name of Officer

President

Title of Officer

Form 630 12/02

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

STOP

FORM MUST BE TYPED IN BE	LACK)				
1. Corporate ID No.	2. Name of Corpora	ition			
80238	Green Hill E	Beach Motel, Inc.			
3. Street Address Principal Busine	ss Office		City	State	Zip
3877 Old Post 4. Business Phone No.	Road	S. State of Incorporation	Charlestown	RI	02813 6. SIC Code
401-789-9153 7. Brief Description of the Charact	ter of Business Conducted	RHODE ISLAN in Rhode Island	D		7096
Motel business B. NAMES AND ADDRE	SSES OF THE OFF	ICERS (*X* BOX FOR ATTA		EFORE USING ATTAC	CHMENTS
President Name	-i 1		Vice President Name		
Anthony B. Brog	gr, or.		None.		
P.O. Box 24			Street Address		
City	State	Zip	City	State	710
Charlestown	RI .	02813	City	21015	Zip
Secretary Name			Treasurer Name		•
Margaret L. Ho	gan		Mary A. Brog	ni	
itreet Address	•		Street Address	,-	
212 Main Street	t, Suite		P.O. Box 24		
City	State	2.1p	City	State	Zip
Wakefield	RI	02879	Charlestown	RI	02813
). NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
None.			None.		
treet Address			Street Address		
Sity	State	710	Clea	<b>6</b> 4-4-	71-
··· <b>·</b>	Junt	Zip	City	State	Zip
Director Name			Director Name	•	•
None.			None.		
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x	" BOX FOR ATTACHMEN	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			300	Common	No par value
SOU HO PAR TALUE				1.00000	

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



2/26/02 File Date: 1/349 Check No.:

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 Julian B. Bro- 2/22/2003

Anthony B. Brogi, Jr.

Print or Type Name of Officer

President
Title of Officer

**€**⊅ 3

Form 630 12/01



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### 2000 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: Janua	ry I-March 1 •	Filing Fee: \$50.00			INSTRUCTED
(FORM MUST BE TYPED IN B	LACK)				
1. Corporate 180238	<b>"</b> የትዝ <sup>ጋ</sup> ሽፅ፞፞፞፞፞፝ቝ፟ቸ∂፟	l <sup>lan</sup> Beach Motel, Inc	c <b>.</b>		
3. Street Address Principal Busine	ess Office		City	State	Zip
63 Green Hill Oce 4. Business Phone No.	ean Drive	S RYNONE INCORPORATION	South Kingstown	RI	02879 6. <b>7695</b> °
(401) 789-9153  7. Brief Description of the Charac	cter of Business Conducted i				
Motel business 8. NAMES AND ADDRI President Name	ESSES OF THE OFF	ICERS (*x* box for attach	MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTAC	CHMENTS
Anthony B. Brog	gi, Jr.		None Street Address		
P.O. Box 24	State	Zip	City	State	Zip
Charlestown Secretary Name	RI	02813	Treasurer Name		
Margaret L. Hog	yan .		Mary A. Brogi Street Address		
201 Waterman Av	renue		P.O. Box 24		
City	State	Zip	City	State .	Zip
East Providence		02914	Charlestown	RI	02813
Director Name	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES  Director Name	BEFORE USING ATT	ACHMENTS
Street Address . None			Street Address None		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address	None		None Street Address		
City -	State -	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x* issued shares	BOX FOR ATTACHMEN	Τ)
Number of Shares 500 SHS NO PAR	Class/Series VALUE	Por Value	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



	2/11/00	
File Date:	2/1/10	
Check No.:	10954	
By:	2-	
	RY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Anthony B. Brogi.
Print or Type Name of Officer Jr.

Prosident Title of Officer



(FORM MUST BE TYPED IN BLACK)

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

1. Carporate ID No. <b>80238</b>	2. Name of Corpora Green Hill E	Beach Motel, Inc.			
3. Street Address Principal Busines			City	State	Zip
63 Green Hill Oc 4. Business Phone No.		5. State of incorporation	South Kingstown		02879 6. SIC Code
(401) 789-9153 7. Brief Description of the Charact	er of Business Conducted I.	RHODE ISLAN n Rhode Island	ID		7098
motel business 8. NAMES AND ADDRES President Name Anthony B. Brogs		CERS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES  Vice President Name	BEFORE USING ATTA	CHMENTS
Street Address P. O. Box 24			Street Address	<b>*-</b> -	
charlestown	State RI	02813	City	1 State	Zip
Secretary Name Margaret L. Hoge	en .	•• • • • • • • • • • • • • • • • • • • •	Treasurer Name Mary A. Brogi	i	
Street Address 201 Waterman Ave	enue		Street Address P. O. Box 24		- · <del></del>
East Providence	State RI	02914	Charlestown	State RI	02813
9. NAMES AND ADDRES	SSES OF THE DIRE	ECTORS (*X* BOX FOR ATT	ACHMENT)   FILL IN SPACE Director Name	S BÉFORE USING ÂT	ACHMENTS
Street Address	ne '		Street Address	ne	
City	State	Zip	City	State	Zip
Director Name		• • • • • • • • • • • • • • • • • • • •	Director Name	••••••	
Street Address	ne		NOI Street Address	ne	
City –	State	zip -	City	State	Zip
10. SHARES AUTHORIZI	ED (*x" box for atta	ACHMENT)	11. SHARES ISSUED (*	X* BOX FOR ATTACHMEN	(דו
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS NO PAR V	ALUE		300	' Common	. No Par Value
This report must be sign		uer the President Vice	President, Secretary, Assi	stant Socretary Trans	Turar Pacaistar or Tructa
i irair	MINIM PRINT HARR HIGH	all inni	riesident, secretary, Assi	stant secretary, frea:	surer, Receiver or Truste
					÷

File Date: Check No .: 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 of Officer

Anthony B. Brogi, Jr. Print or Type Name of Officer

President

Title of Officer



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

STOP PILSS READ INSTRUCTIONS

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 02813 63 Charlestown Beach Road East

Business Phone No. 5. State

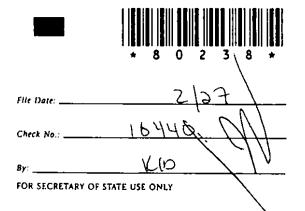
5. State South Kingstown RI 5. State of Incorporation 6. SIC Code RHODE ISLAND 7096 (401) 789-9153 7. Brief Description of the Character of Business Conducted in Rhode Island motel business 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name None Anthony B. Brogi, Jr. Street Address Street Address P. O. Box 24 City State City State Zip Charlestown RI 02813 Secretary Name Treasurer Name Margaret L. Hogan Mary A.Brogi Street Address Street Address P. O.Box 24 201 Waterman Avenue City State Zio 02813 02914 RI East Providence RT Charlestown 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) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

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

ISSUED SHARES

Number of Shares

300



Class/Series

Par Value

AUTHORIZED SHARES

**500 SHS NO PAR VALUE** 

Number of Shares

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.

Class/Series

Common

anthony B. Broyi

Feb.26,1998

Par Value

No Par Value

Anthony B. Brogi, Jr.

Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

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

 ,	,,	•		, , , , , , , , , , , , , , , , , , ,	<b>3</b> 30

(FORM MUST RE 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 South Kingstown RI

02813

Zip

4. Business Phone No. (401) 789-9153

RHODE ISLAND

5. State of Incorporation

6. SIC Code 7096

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

63 Charlestown Beach Road East

motel business

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

President Name Anthony B. Brogi, Jr.

Vice President Name

None

P.O. Box 24

Street Address

Secretary Name

Clly

State

Zip

Charlestown

RI

02813

Treasurer Name

City

Street Address

Mary A. Brogi

Margaret L. Hogan Street Address

State

Street Address P.O. Box 24

201 Waterman Avenue

State

East Providence

02914

Z.ip

Zip

Charlestown

RI

02813

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

Director Name

City

City

City

Director Name

None

Street Address

None

State

Street Address

Zip

Zip

Director Name

Director Name

City

City

None

Street Address

None

State

Street Address

State

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES 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



FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined

February Date

Anthony B. Brogi,

Print or Type Name of Officer

Title of Officer

President

#### PROFIT CORPORATION **ANNUAL REPORT**

1996



#### State of Knode 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

			PRINT IN BLACK INK.			
1 CORPORATE ID NO	2. NAME OF CORPORATION			Mark Comment		
80238	Green	n Hill Beach Mot	el. Inc.	- · · · · · · · · · · · · · · · · · · ·		
3 STREET ADDRESS PRINCIPAL BUSINESS OF F			ary	STATE	ZIP CODE	
63 Charlestown	Beach Road	Fast	Charlestown	DT	02012	
4 BUSINESS PHONE NO	Dedell Road	5 STATE OF INCORPORATION	Charlestown	RI	02813 6 SC CODE	
(401) 789-9153	<b>)</b>	RHODE I	SLAND		1 7005	i
7. BA EF DÉSCRIPTION OF THE CHARACTER DE		DÉ ISLAND			7096	
						,
_ motel business	;	<del> </del>	RESSES OF THE OF			. 1
PRESIDENT NAME		AMES AND ADDE	RESSES OF THE OF	FICERS		- ,
Anthony B. Brogi,	.Tr			None		
STREET ADDRESS			STREET ADDRESS	None	<del></del>	<b>—</b>
P.O. Box 24						
Chamlest	STATE	ZIP CODE	άτν	STATE	ZIP CODE	
Charlestown	RI	02813	REASURER NAME			_
Margaret L. Hogan	· <u></u>		Mary ABrogi_			
201 Waterman Aven	iue		P.OBox_24			
CITY	STATE	ZIP CODE	αγ	STATE	ZP CÔĴE	$\neg$
East Providence	RI	02914	Charlestown	RI_	02813	
DIRECTOR NAME TIME	<u> 9</u> <u>N</u>	AMES AND ADDE	RESSES OF THE DI	RECTORS		
•	_		1 SHECTOH WARE			•
STREET AJORESS	lone		STREET ADDRESS	None		
	<i>2</i>					
CITY	STATE	ZIP COOE	aiy	STATE	ZIP CODE	
DIRECTOR NAME				<u> </u>		
			DRECTOR NAME			
STREET AJDRESS	lone	<del> </del>	STREET ADDRESS	None		
ату -	S'A'I	ZIP COOK	άν	STATE	Ziệ Chús	_
				<u> </u>		
	10.	SHARES AUTHOR	RIZED AND ISSUED	ىۋە ئىللەتلىقىدىدە ئەن ھەرىمىيەسىسەسىسەسىسەسىسەسىسەسىسەسىسەسىسەسىسەس		
	AUTHORIZED SHARES			ISSUED SHARES	γ	
MLMRER OF SHARES	CLASS / SEPIES	PAR RAC	NUMBER OF SHARES	CLASS / SERIES	FAR VALUE	_
500 SHS NO PAR VALUE		300	Common	No Par Value		
		· · · · · · · · · · · · · · · · · · ·				
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			l.			,
				<u>.l</u>	<u> </u>	_
	т	his raport must be St	GNED IN INK by sither the	^		

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



•	01=10.
File Date:	Q1019(p
Check No:	9557
By:	1-1859/(P

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.

Print or Type Name of Officer President

February \_ \_, 19<u>96</u>
Date

Title of Officer

# 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 t	1995 he year:	
	ill Beach Mote		•	
Business entity organized under the laws of the State. For foreign entity, address and telephone number of p	of: Rhode_Island : incipal office:	[X] Business Co	s (check one): orporation (See RIGL Chapter 7 I Service Corporation (See RIG	
Phone: ( )		Brief statement o	f the character of business cond	ucted in Rhode Island:
Address and telephone of the principal office of busin Island (Provide street address - Not P.O. Box): _63_Charlestown_Beach_Road_East_South_Kingstown, RI 02879	•			
Phone: (401) 789-9153				
	THE NAMES OF T	HE OFFICERS AR	E:	
PRESIDENT	STREET AD	DRESS	CITY/STATE	ZIP CODE
Anthony B. Brogi, Jr.	P.O. Box 24, Ch	arlestown, RI	02813	
Anthony P. Brogi			CTTY/STATE	ZJP CODE
SECRETARY	P.O. Box 24, Ch		02813	WIR COOK!
Margaret L. Hogan	201 Waterman Av			ZIP CODE
TREASURER Mary A. Broqi	P.O. Box 24, Ch	PRESSOCATION DI	vidence, RI 02914. 02813TY/STATE	ZJP CODE
Gisela M.E. Brogi, Asst. Trea.	P.O. Box 24, Ch	arlestown, RI	02813	ai cobe
	THE NAMES OF TH			
NAME	STREET AD		CITY/STATE	ZIP CODE
NAME	STREET AD	DRESS	CITY/STATE	ZIP CODE
NAME	STREET ADI	DRESS	CITY/STATE	72P CODE
NUMBER OF SHARES AUTHORIZED (Rider may be a	ittached)	NUMBER OF SHARE	S ISSUED AND OUTSTAND	(Ridor may be attached)
Number of Shares Class / Series		Number of Shares	Class / Series	3 N 1995
500 Common		300	Commogy (UD	130 1995 #30 9095
Date January 28 .19	<u> </u>	anthony	Anthony B. Brogi.	Jr.
Form 31 1/95		YPE NAME OF OFFICER SIGNING	<sup>10</sup> President	
DESIGNATI	ED REGISTERED AGI		F OF PROCESS.	<del></del>
	<u>/</u>	シャ・エエ・シハ ひじんそんし	OUTTNUCE33:	

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