



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005
Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 92844		2. Name of Corporation Block Island Anchor House Inn, Inc.			
3. Street Address Principal Business Office Spring Street			City New Shoreham	State RI	Zip 02807
4. Business Phone No. 401-466-5021; 466-5027		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANAGE, OPERATE AND CONDUCT THE BUSINESS OF ROOMING HOUSES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Melissa O'Reilly			Vice President Name		
Street Address Spring Street			Street Address		
City New Shoreham	State RI	Zip 02807	City	State	Zip
Secretary Name Melissa O'Reilly			Treasurer Name		
Street Address Spring Street			Street Address		
City New Shoreham	State RI	Zip 02807	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gail F. Sanchez			Director Name Melissa O'Reilly		
Street Address 899 Pleasant Street			Street Address Spring Street		
City New Bedford	State MA	Zip 02740	City New Shoreham	State RI	Zip 02807
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
8,000	NO PAR VALUE		400	NONE	-0-

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



File Date 2-4-05
Check No. 1890
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] 2/1/05
Signature of Officer Date
Melissa O'Reilly
Print or Type Name of Officer
Secretary / OWNER
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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1. Corporate ID No. 92844		2. Name of Corporation Block Island Anchor House Inn, Inc.			
3. Street Address Principal Business Office Spring Street			City New Shoreham	State RI	Zip 02807
4. Business Phone No 401-466-5021; 466-5027		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANAGE, OPERATE AND CONDUCT THE BUSINESS OF ROOMING HOUSES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Melissa O'Reilly			Vice President Name		
Street Address Spring Street			Street Address		
City New Shoreham	State RI	Zip 02807	City	State	Zip
Secretary Name Melissa O'Reilly			Treasurer Name		
Street Address Spring Street			Street Address		
City New Shoreham	State RI	Zip 02807	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gail F. Sanchez			Director Name Melissa O'Reilly		
Street Address 899 Pleasant Street			Street Address Spring Street		
City New Bedford	State MA	Zip 02740	City New Shoreham	State RI	Zip 02807
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
8,000 NO PAR VALUE			100	NONE	-0-

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



* 9 2 8 4 4 *

File Date F.F. FILED

Check No. JAN 22 2004

By: 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] 1/15/04
Signature of Officer Date
Melissa O'Reilly
Print or Type Name of Officer
Secretary
Title of Officer



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. **92844** 2. Name of Corporation **Block Island Anchor House Inn, Inc.**
3. Street Address Principal Business Office **Spring Street** City **New Shoreham** State **RI** Zip **02807**
4. Business Phone No. **401-466-5021; 466-5027** 5. State of Incorporation **Rhode Island** 6. SIC Code **7211**
7. Brief Description of the Character of Business Conducted in Rhode Island **Operation of an Inn**

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

President Name Gail F. Sanchez Street Address 899 Pleasant Street City New Bedford State MA Zip 02740	Vice President Name Street Address City State Zip
Secretary Name Melissa O'Reilly Street Address Spring Street City New Shoreham State RI Zip 02807	Treasurer Name Street Address City State Zip

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

Director Name Gail F. Sanchez Street Address 899 Pleasant Street City New Bedford State MA Zip 02740	Director Name Melissa O'Reilly Street Address Spring Street City New Shoreham State RI Zip 02807
---	---

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

AUTHORIZED SHARES	Class/Series	Par Value
8000 Shares	No Par value	-0-

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

ISSUED SHARES	Class/Series	Par Value
100	NONE	-0-

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

FILED
JUN 10 2003
BY *[Signature]*
319833

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] 3/00 103
Signature of Officer Date

Melissa O'Reilly
Print or Type Name of Officer

Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 92844
2. Name of Corporation Block Island Anchor House Inn, Inc.
3. Street Address Principal Business Office Spring Street
City New Shoreham State RI Zip 02807
4. Business Phone No. 401-466-5021; 466-5027
5. State of Incorporation Rhode Island
6. SIC Code 7211

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

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

President Name Gail F. Sanchez Street Address 899 Pleasant Street City New Bedford State MA Zip 02740	Vice President Name Street Address City State Zip
Secretary Name Melissa O'Reilly Street Address Spring Street City New Shoreham State RI Zip 02807	Treasurer Name Street Address City State Zip

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

Director Name Gail F. Sanchez Street Address 899 Pleasant Street City New Bedford State MA Zip 02740	Director Name Melissa O'Reilly Street Address Spring Street City New Shoreham State RI Zip 02807
--	--

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

AUTHORIZED SHARES	Class/Series	Par Value
8000 Shares No Par Value		-0-

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

ISSUED SHARES	Class/Series	Par Value
100	NONE	-0-

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 Melissa O'Reilly Date 6/10/03

Print or Type Name of Officer
Secretary

Title of Officer
5 Form 630 1202

File Date: _____
Check No.: _____
By: [Signature] 2/19/03
FOR SECRETARY OF STATE USE ONLY

FILED

JUN 10 2003



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **92844** 2. Name of Corporation **Block Island Anchor House Inn, Inc.**
3. Street Address Principal Business Office **Spring Street** City **New Shoreham** State **RI** Zip **02807**
4. Business Phone No. **401-466-5021; 466-5027** 5. State of Incorporation **Rhode Island** 6. SIC Code **7211**
7. Brief Description of the Character of Business Conducted in Rhode Island
Operation of an Inn

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

President Name Gail F. Sanchez	Vice President Name
Street Address 899 Pleasant Street	Street Address
City State Zip New Bedford MA 02740	City State Zip
Secretary Name Melissa O'Reilly	Treasurer Name
Street Address Spring Street	Street Address
City State Zip New Shoreham RI 02807	City State Zip

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

Director Name Gail F. Sanchez	Director Name Melissa O'Reilly
Street Address 899 Pleasant Street	Street Address Spring Street
City State Zip New Bedford MA 02740	City State Zip New Shoreham RI 02807
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

RECEIVED
 SECRETARY OF STATE
 JUN 10 9 39 AM '03
 02807

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
8000	Shares No Par Value	-0-

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	NONE	-0-

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

FILED
 JUN 10 2003
 By *[Signature]* 3/19/03
 File Date: _____
 Check No.: _____
 By: _____

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] 3/2/03
 Signature of Officer Date

Melissa O'Reilly
 Print or Type Name of Officer

Secretary
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **92844** 2. Name of Corporation **Block Island Anchor House Inn, Inc.**
3. Street Address Principal Business Office **Spring Street** City **New Shoreham** State **RI** Zip **02807**
4. Business Phone No. **401-466-5021; 466-5027** 5. State of Incorporation **Rhode Island** 6. SIC Code **7211**
7. Brief Description of the Character of Business Conducted in Rhode Island

Operation of an Inn

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

President Name Gail F. Sanchez Street Address 899 Pleasant Street City New Bedford State MA Zip 02740	Vice President Name Street Address City _____ State _____ Zip _____
Secretary Name Melissa O'Reilly Street Address Spring Street City New Shoreham State RI Zip 02807	Treasurer Name Street Address City _____ State _____ Zip _____

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

Director Name Gail F. Sanchez Street Address 899 Pleasant Street City New Bedford State MA Zip 02740	Director Name Melissa O'Reilly Street Address Spring Street City New Shoreham State RI Zip 02807
Director Name Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____

RECEIVED
SECRETARY OF STATE
JUN 10 9 39 AM '03

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

Number of Shares	Class/Series	Par Value
8000	Share No Par Value	-0-

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

Number of Shares	Class/Series	Par Value
100	NONE	-0-

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.

Melissa O'Reilly 3/26/03
Signature of Officer Date

Melissa O'Reilly

Print or Type Name of Officer

Secretary

Title of Officer

File Date: _____

Check No.: _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUN 10 2003
By: *[Signature]* 3/19/03



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **92844** 2. Name of Corporation **Block Island Anchor House Inn, Inc.**
3. Street Address Principal Business Office **Spring Street** City **New Shoreham** State **RI** Zip **02807**
4. Business Phone No. **401-466-5021; 466-5027** 5. State of Incorporation **Rhode Island** 6. SIC Code **7211**
7. Brief Description of the Character of Business Conducted in Rhode Island

Operation of an Inn

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

President Name Gail F. Sanchez	Vice President Name
Street Address 899 Pleasant Street	Street Address
City State Zip New Bedford MA 02740	City State Zip
Secretary Name Melissa O'Reilly	Treasurer Name
Street Address Spring Street	Street Address
City State Zip New Shoreham RI 02807	City State Zip

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

Director Name Gail F. Sanchez	Director Name Melissa O'Reilly
Street Address 899 Pleasant Street	Street Address Spring Street
City State Zip New Bedford MA 02740	City State Zip New Shoreham RI 02807
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

RECEIVED
 SECRETARY OF STATE
 JUN 10 9 39 AM '03

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

Number of Shares	Class/Series	Par Value
8000 Shares	No Par Value	-0-

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

Number of Shares	Class/Series	Par Value
100	NONE	-0-

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.

Melissa O'Reilly 3/20/03
Signature of Officer Date

Melissa O'Reilly

Print or Type Name of Officer

Secretary

Title of Officer

FILED

JUN 10 2003

BY *[Signature]*

#9
3/9833

File Date: _____

Check No.: _____

By: _____

FOR SECRETARY OF STATE USE ONLY



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. 9284 2. Name of Corporation
06-1471274 **BLOCK ISLAND ANCHOR HOUSE INN, INC.**

3. Street Address Principal Business Office City State Zip
253 SPRING STREET - P. O. BOX 1330 BLOCK ISLAND RHODE ISLAND 02808

4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-466-3174 RHODE ISLAND

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

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

President Name <u>GAIL F. SANCHEZ</u>	Vice President Name <u>N/A</u>
Street Address <u>899 PLEASANT STREET</u>	Street Address
City State Zip <u>NEW BEDFORD MA 02740</u>	City State Zip
Secretary Name <u>MELISSA O'REILLY</u>	Treasurer Name <u>GAIL F. SANCHEZ</u>
Street Address <u>253 SPRING STREET</u>	Street Address <u>899 PLEASANT STREET</u>
City State Zip <u>BLOCK ISLAND RI 02808</u>	City State Zip <u>NEW BEDFORD MA 02740</u>

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

Director Name
N/A - NO DIRECTORS

Street Address

City State Zip

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
<u>8,000</u>	<u>COMMON</u>	<u>NO PAR VALUE</u>	<u>100</u>	<u>COMMON</u>	<u>NO PAR VALUE</u>

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

File Date: 3/23/98
Check No.: 1434
By: GAN
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.

Melissa G O'Reilly 3-18-98
Signature of Officer Date
Melissa G. O'Reilly
Print or Type Name of Officer
Secretary
Title of Officer