



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2020 JAN 13 PM 12:58

1. Entity ID Number 000790811		2. Exact name of the Corporation MISQUAMICUT BEACH FRONT INN, INC.			
3. Principal Office Address 145 Atlantic Avenue			City Westerly	State RI	Zip 02891
4. NAICS Code 721110		6. Brief description of the character of business conducted in Rhode Island Own and operate inn restaurant and recreational facility			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Zedi Redzeqi			Vice-President Name Sami Redzeqi		
Street Address 145 Atlantic Avenue			Street Address 145 Atlantic Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Mirigjil Redzeqi			Treasurer Name Afet Redzeqi		
Street Address 145 Atlantic Avenue			Street Address 145 Atlantic Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Zedi Redzeqi			Director Name Sami Redzeqi		
Street Address 145 Atlantic Avenue			Street Address 145 Atlantic Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Mirigjil Redzeqi			Director Name Afet Redzeqi		
Street Address 145 Atlantic Avenue			Street Address 145 Atlantic Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1000	common	PAR VALUE None	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.					
Name of Authorized Representative Zedi Redzeqi, President				Date 01/08/2020	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 13 2020

12:58
BY AYPHX