

10569

FOR SECRETARY OF STATE USE ONLY

Check No.

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

#### PROFIT CORPORATION ANNUAL DEPORT FOR THE **p** 2005

FORM MUST BE TYPED IN  I. Corporate ID No.	2. Name of Corporation				
18348	Red Gate Motel,	, Inc.			
3. Street Address Principal Bus	iness Office		City	State	Zip
7650 Post Road		· · · · · · · · · · · · · · · · · · ·	North Kingstown	Rhode Island	02852
4. Business Phone No.		5. State of Incorpore	ation	6. SIC Code	
401-295-5700		Rhode Island			7096
7. Brief Description of the Cha Motel					
r resident Name	SES OF THE OFFICE	RS ("X" BOX FOR	ATTACHMENT)   FILL IN SPACE Vice Presidem Name	S BEFORE USING ATTAC	HMENTS
Francis M. Dwyer			Emily Ann Dwyer		
Street Address			Street Address		
106 Audubon Road			. 106 Audubon Road		
City	State	Zip	City	State	Zip
North Kingstown	Rhode Island	02852	North Kingstown	Rhode Island	02852
Emily Ann Dwyer			Tréasurer Name		
Street Address 106 Audubon Road			Street Address		
City	State	<i>7.ip</i>	City	State	Zip
North Kingstown	Rhode Island		· ·		1
9. NAMES AND ADDRES  Director Name	SES OF THE DIRECT	ORS ("X" BOX FO	RATTACHMENT)   FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
Emily Ann Dwyer			•		
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address	<del> </del>	
106 Audubon Road			•		
City	State	Zip	·City	State	Zip
North Kingstown	Rhode Island	02852	•		1
Director Name			Director Name	• '• • • • • • • • • • •	* • • • • • • • •
9	···		<u> </u>		
Street Address			Street Address		
Ciry	State	Zip	.City	State	Zip
			•		
10 CHARROALISTO	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BO	X FOR ATTACHMENT	<u> </u>
IV. SHAKES AUTHORIZ	10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)				
AUTHORIZED SHARES			ISSUED SHARES	<del></del>	<del></del>
10. SHARES AUTHORIZ AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value
AUTHORIZED SHARES	Class/Series	Par Value	Number of Shares 600	Class/Scries Common	1.00
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	_	
AUTHORIZED SHARES Number of Shares 1,000 \$1.00 Par Value		<u> </u>	Number of Shares 600	Common	1.00
AUTHORIZED SHARES Number of Shares 1,000 \$1.00 Par Value		<u> </u>	Number of Shares	Common	1.00
AUTHORIZED SHARES Number of Shares 1,000 \$1.00 Par Value		<u> </u>	Number of Shares 600	Common	1.00
AUTHORIZED SHARES Number of Shares 1,000 \$1.00 Par Value		<u> </u>	Number of Shares 600	Common	1.00
AUTHORIZED SHARES Number of Shares 1,000 \$1.00 Par Value		<u> </u>	Number of Shares 600 President, Secretary, Assistant	Common  Secretary, Treasurer,	1.00  Receiver or Trust
AUTHORIZED SHARES Number of Shares 1,000 \$1.00 Par Value		<u> </u>	Number of Shares 600  President, Secretary, Assistant Under penalty of perjury,	Common  Secretary, Treasurer,  I declare and affirm that I	1.00  Receiver or Trust have examined
AUTHORIZED SHARES Number of Shares 1,000 \$1.00 Par Value		<u> </u>	Number of Shares 600  President, Secretary, Assistant Under penalty of perjury, this report, including any	Secretary, Treasurer,  I declare and affirm that I accompanying schedules	1.00  Receiver or Truss  have examined and statements,
AUTHORIZED SHARES Number of Shares  1,000 \$1.00 Par Value  This report must be signed  1 8 3	ed in ink by either the	<u> </u>	Number of Shares 600  President, Secretary, Assistant Under penalty of perjury,	Secretary, Treasurer,  I declare and affirm that I accompanying schedules	1.00  Receiver or Trust  have examined and statements,
AUTHORIZED SHARES Number of Shares 1,000 \$1.00 Par Value	ed in ink by either the	<u> </u>	Number of Shares 600  President, Secretary, Assistant Under penalty of perjury, this report, including any	Secretary, Treasurer,  I declare and affirm that I accompanying schedules	1.00  Receiver or Trust  have examined and statements,

Francis M. Dwyer President Title of Officer

Form 630 12/01

2/16/2005



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

Form 630 12/01

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Fuing Perioa: January 1 - (FORM MUST BE TYPED IN B	BLACK)					
I. Corporate ID No.	2. Name of Corporation					
18348	RED GATE MO	TEL, INC.				
3. Street Address Principal Busin 7650 POST ROAD	ress Office		City	State	Zip	
4. Business Phone No.			NORTH KINGSTOWN	RI	02852	
i 4012955700		5. State of Incorporation			6. SIC Code	
		RHODE ISLAND			7096	
7. Brief Description of the Chard MOTBL	icler of Business Conducte	d in Rhode Island				
8. NAMES AND ADDRESS	SES OF THE OFFICE	RS CX BOX FOR ATI	ACHMENT)   FILL IN SPACE	S BEFORE USING ATTAC	HMENTS COST	
President Name Francis M. Dwyer			Vice President Name			
Street Address	<del></del>		· Emily Ann Dwyer  'Street Address		<del></del>	
106 Audubon Road			. 106 Audubon Road			
City State   Zip			City		- <del></del>	
North Kingstown	Rhode Island		North Kingstown	State   Rhode Island	<i>Zip</i> 102852	
Secretary Name		102032	Treasurer Name	TRIIOGE ISTAIIG	102032	
Emily Ann Dwyer			)			
Street Address			· Street Address			
106 Audubon Road			,			
City	State	Zip	City	State	Zip	
North Kingstown	Rhode Island	)	•			
9. NAMES AND ADDRESS Director Name	SES OF THE DIRECT	ORS ("X" BOX FOR A	TACHMENT)   FILL IN SPACE	CES BEFORE USING ATT	ACHMENTS	
Emily Ann Dwyer						
Street Address			· Street Address			
106 Audubon Road			·			
City	State	Zip	· City	State	Zıp	
North Kingstown	Rhode Island			Diane	Zip	
Director Name			. *	. 4	1	
			·			
Street Address			· Street Address			
City	State	12:	***************************************			
i	Signe	Zip	.City	State	Zip	
10. SHARES AUTHORIZE	D ave say can			<u> </u>	ii ahdara dilimitada ahara ahara  -	
AUTHORIZED SHARES	D ['A" BOX FOR ALL	CHMENI)	The state of the s			
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value	
1,000 \$1.00 PAR VALUE			600	Common	1.00	
This report must be signe	d in ink by either th	e President, Vice Pre	esident, Secretary, Assistan	1 Secretary, Treasurer,	Receiver or Trustee	
1 8 3	4 8		Under penalty of periury	, I declare and affirm that I	I have examined	
				accompanying schedules		
*18348 DBC 02/19/04 1	11:09:18 AM*	]		ontained herein are true an		
26.5	NU		#	· ) ,)	_/_/	

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

Z.ip

Par Value

1.00

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READ
INSTRUCTIONS

FORM MUST BE TYPED OR PRINTE	•				
1. Corporate ID No.	2. Name of Corporat				
18348	RED GATE I	MOTEL, INC.	-	_	
3. Street Address Principal Business (	Office		City	State	Zip
7650 Post Road  4. Business Phone No.		5. State of Incorporati	North Kingstown	R.I.	02852 6. SIC Code
401-295-5700 7. Brief Description of the Character	of Business Conducted in	RHODE ISLA Rhode Island	ND		7096
Motel	end on much once	CERC (Automorphism			
8. NAMES AND ADDRESS President Name	ES OF THE OFFI	CERS ("X" BOX FOR AT)	(ACHMENT) FILL IN SPACES BE Vice President Name	FORE USING ATT	ACHMENTS
Francis M. Dwy			Emily Ann Dwyer  Street Address  106 Audubon Roa		
106 Audubon Roa		•••			
City	State	Zip	City	State	Zip
No. Kingstown Secretary Name	R.I.	02852	No. Kingstown Treasurer Name	R.I.	02852
Emily Ann Dwye	r		Street Address		
106 Audubon Roa	ad				
City	State	Zip	· City	State	Zip
No. Kingstown	R.I.	02852			•
9. NAMES AND ADDRESS Director Name		CTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACES Director Name	BEFORE USING AT	TACHMENTS
Emily Ann Dwyer			Street Address		
106 Audubon Road	State	Zip	City	State	Zip
No. Kingstown Director Name	R.I.	02852	Director Name		
Street Address			Street Address		

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

City

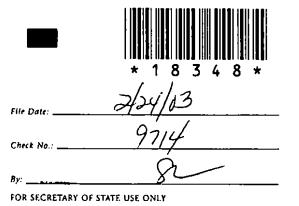
ISSUED SHARES

Number of Shares

600

Zip

Par Value



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

Class/Series

City

AUTHORIZED SHARES

1,000 \$1.00 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 valements contained herein are true and correct.

Class/Series

Common

Asanolus Vent. 21

Francis M. Dwyer
Print or Type Name of Officer

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

President

Title of Officer

Farm 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

#### 2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401-222-3040

Filing Period: January .	1-March I •	Filing Fee: \$50.00			INSTRUCTI
(FORM MUST BE TYPED IN BLAC	:K)				
1. Corporate II) No.	2. Name of Corpora				
18348		MOTEL, INC.			
<ol> <li>Street Address Principal Business C</li> </ol>			City	State	Zip
7650 Post Ro 4. Ausiness Phone No.		5. State of Incorporation	No. Kingstown	R.Í.	02852 6. SIC Code <b>7096</b>
401-295-5700 7. Brief Description of the Character $\alpha$	) of Business Conducted i	RHODE ISLAND In Rhode Island			7030
Motel 8. NAMES AND ADDRESS President Name	ES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B	EFORE USING ATTAC	CHMENTS
Francis M. 1	Dwyer		Emily Ann Dwyer	•	
106 Audubon	Rd State	Zip	106 Audubon Roa	nd State	Zip
No. Kingstown	R.I.	02852	No. Kingstown Treasurer Name	R.I.	02852
Emily Ann Dwyer			Street Address		
106 Audubon Road	State	Zip	· City	State	Zip
No. Kingstown 9. NAMES AND ADDRESS	R.I.	02852	CHMENT) FILL IN SPACES	S BEFORE USING ATT	·
Director Name	20 01 1111/2111		Director Name		
Emily Ann Dwyer			Street Address		
106 Audubon Road					
City	State	Zip	City	State	Zip
No. Kingstown  Director Name	R.I.	02852	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	CX" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (**)	C BOX FOR ATTACHMEN	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 \$1.00 PAR VALUE			•		
			600	Common	1.00
		·	1		and the second s
his report must be signe	<b>d in ink</b> by eitl	her the President, Vice P	resident, Secretary, Assis	tant Secretary, Treas	urer, Receiver or Tru



File Date:	2-27-02	
Check No.:	9340	
Ву:	Q.	
	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 allestatements contained herein are true and correct.

Signature of Officer

Francis M. Dwyer

Print or Type Name of Officer President

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	I BLACK)	

1. Corporate ID No. 18348

2. Name of Corporation
RED GATE MOTEL, INC.

3. Street Address Principal Business O	(fice		City	State	Zip
7650 Post Road  4. Business Phone No.		5. State of Incorporation RHODE ISLAND	No. Kingstown	R.I.	02852 6. sic Code <b>7096</b>
401-295-5700  7. Brief Description of the Character of	f Business Conducted (				
Motel	,				
8. NAMES AND ADDRESSI President Name	ES OF THE OFFI	CERS ("X" BOX FOR ATTACHE	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACI	HMENTS
Francis M. Dwy	er		Emily Ann Dwyer	2	
106 Audubon Roa	ad State	Zip	106 Audubon Roa	ad State	Zip
No. Kingstown Secretary Name	R.I.	02852	No. Kingstown	R.I.	02852
Emily Ann Dwye:			Street Address		
106 Audubon Ros		<b>~</b> 1.			
No. Kingstown	State R.I.	<sup>zı,</sup> 02852	City	State	Zip
9. NAMES AND ADDRESSI				ES BEFORE USING ATTA	CHMENTS
Emily Ann Dwyer	r		Street Address		
106/Audubon Róa	ad				
Ciry	State	Zip	City	State	ZIp
No. Kingstown Director Name	R.I.	02852	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (	*X* BOX FOR ATTACHMENT	)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 SHS \$1.00 PA	AR VAL		600	Common	1.00

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

	* 1 8 3 4 8 *
File Date:	2/26
Check No.:	8922
Ву:	21
FOR SECRETARY	OF STATE LISE ONLY

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

Francis M. Dwyer Print or Type Name of Officer

President

Title of Officer

Enm. 420 1280



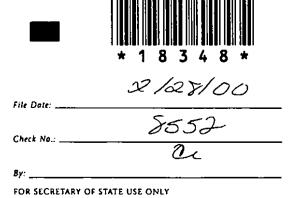
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filling 1	Period://	lanuary	1-March 1/	•	Filing	Fee:	\$50.00
_	_				_		
(FORM MU	UST BE TYP	ED IN BLA	CK)				

18348	2. Name of Corporati RED GATE P	ÖTEL, INC.			
1. Street Address Principal Business 7650 Post Ro			No. Kingstown	State R.I	zı, 02852
. Business Phone No. 401-295-5700	0	5. State of Incorporation RHODE ISLAND			6. SIC Code <b>7096</b>
. Brief Description of the Character	of Business Conducted in	Rhode Island			
Motel					
3. NAMES AND ADDRES	SES OF THE OFFI	CERS ("X" BOX FOR ATTACHI	MENT) FILL IN SPACES BE	FORE USING ATTACH	MENTS
resident Name Francis M. Dwyer			Vice President Name Emily Ann Dwyer		
ireer Address 106 Audubon	Road		Sireer Address 106 Audubon Road	i	
City	State	Zip	City	State	Zip
No. Kingstown	R.I.	02852	No. Kingstown	R.I.	02852
Emily Ann Dwyer		•	Treasurer Name		
treet Address			Street Address		_
106 Audubon Road	_				
City	State	Zip	City	State	Zip
No. Kingstown	R.I.	02852			
9. NAMES AND ADDRES Director Name			CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
9. NAMES AND ADDRES	SES OF THE DIRE			BEFORE USING ATTA	CHMENTS
9. NAMES AND ADDRES Director Name Emily Ann Dwyer Street Address	SES OF THE DIRE		Director Name	BEFORE USING ATTAC	CHMENTS Zip
P. NAMES AND ADDRES Director Name Emily Ann Dwyer Street Address 106 Audubon Road City	SES OF THE DIRE	CTORS (*X* BOX FOR ATTAC	Director Name Street Address		
P. NAMES AND ADDRES Director Name Emily Ann Dwyer Street Address 106 Audubon Road City No. Kingstown Director Name	SES OF THE DIRE	CTORS (*X* BOX FOR ATTAC	Director Name Street Address City		
P. NAMES AND ADDRES Director Name Emily Ann Dwyer Street Address 106 Audubon Road City No. Kingstown	SES OF THE DIRE	CTORS (*X* BOX FOR ATTAC	Director Name  Street Address  Gity  Director Name		
P. NAMES AND ADDRES Director Name Emily Ann Dwyer Street Address 106 Audubon Road City No. Kingstown Director Name	State R.I.	Zip 02852 zip	Director Name  Street Address  City  Director Name  Street Address	State State	ZIp
P. NAMES AND ADDRES Director Name Emily Ann Dwyer Street Address 106 Audubon Road City No. Kingstown Director Name Street Address City 10. SHARES AUTHORIZE	State R.I.	Zip 02852 zip	Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED (*X**)	State State	ZIp

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

Francis M. Dwyer

President

Print or Type Name of Officer

Title of Officer

Signature of Officer



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 BLAC	K)					
1. Corporate ID No. 18348	2. Name of Corporation RED GATE MO	TEL, INC.	,			
3. Street Address Principal Business O	ffice		City	State	Zip	
7650 Post Road			No. Kingstown	R.I.	02852	
4. Business Phone No.		S. State of Incorporation		· · · · · · · · · · · · · · · · ·	6. SIC Code <b>7098</b>	
401-295-5700 RHODE (SLAN)					7080	
7. Brief Description of the Character of	of Business Conducted in Rho	de Island	*			
Motel			···			
8. NAMES AND ADDRESS	ES OF THE OFFICER	RS ("X" BOX FOR ATTACH		FORE USING ATTAC	HMENTS	
President Name			Vice President Name			
Francis M. Dwyer			Emily Ann Dwyer			
106 Audubon Road			Street Address 106 Audubon Road			
City Audubott Road	State	Zip	City	State	Zip	
No. Kingstown	R.I.	02852	No. Kingstown	R.I.	02852	
Secretary Name		102032	Treasurer Name			
Emily Ann Dwyer			•			
Street Address			Street Address	<del></del>		
106 Audubon Road	•					
City	State	Zip	City	State	Zip	
No. Kingstown	R.I.	02852	:			
9. NAMES AND ADDRESS	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) [ FILL IN SPACES	BEFORE USING ATTA	CHMENTS	
Director Name			Director Name			
Emily Ann Dwyer	·	. <del> </del>	<u> </u>			
Street Address			: Street Address		,	
106 Audubon Road	<del></del>	1 -2	<u>:</u>			
City No. Vinastorn	State R.I.	02852	City	State	Zip	
No. Kingstown	K.1.	02032	Director Name			
Director Name			: Director Name			
Street Address			Street Address			
-, -, -, -, -, -, -, -, -, -, -, -, -, -						
City	State	Zip	City	State	Zip	
·					,	
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHMENT	<del>,</del> ₽	
AUTHORIZED SHARES	· · · · · · · · · · · · · · · · · · ·		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1000 SHS \$1.00 PAR	VAL	!	(00	C	1.00	
		·	600	Common	1.00	
l	<del> </del>	<del> </del>	1	<u> </u>		
				_		

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

* 1 8 3 4 8 *	Under penalty of perjury, I declare and affirm that I have examined
File Date: JRN 22, 99 Check No.: 3128	this report, including any accompanying schedules and statements, that all statements contained herein are true and correct.  Signature of Officer  Discontinuous Disconti
FOR SECRETARY OF STATE USE ONLY	Francis M. Dwyer  Print or Type Name of Officer  President  The COSS

ing schedules and statements, and

Title of Officer



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

1998

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

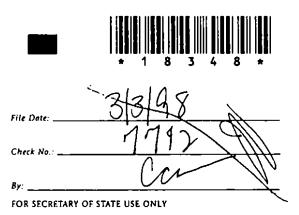
(FORM MUST BE TYPED IN BLACK)

-1. Corporate ID No.

PRED GATE MOTEL, INC.

3. Street Address Principal Business O	Office		City	State	Zip
7650 Post Road  Business Phone No.		S. AHODE ISLAND	No. Kingstown	R.I.	02852 6. SIC Code <b>7096</b>
401-295-5700 7. Brief Description of the Character o	of Business Conducted is				7000
Motel 8. NAMES AND ADDRESS President Name	ES OF THE OFFI	CERS ("X" BOX FOR ATTACHM	AENT) Vice President Name		
Francis M. Dwyer			Emily Ann Dwyer		
106 Audubon Road	State	Zip ·	106 Audubon Road	State	Zip '
No. Kingstown Secretary Name	R.I.	02852	North Kingstown	R.I	02852
Emily Ann Dwyer			Street Address		
106 Audubon Road	State	Zip	City	State	Zip
No. Kingstown 9. NAMES AND ADDRESS Director Name	R.I. SES OF THE DIRI	02852 ECTORS (*X* BOX FOR ATTAC	CHMENT) Director Name		
Emily Ann Dwyer			Street Address		
106 Audubon Road	State	Zip	City	State	Zip
No. Kingstown Director Name	R.I.	02852	Director Name	• • •	• • • • •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZES AUTHORIZED SHARES	O ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 SHS \$1.00 PAR	VAL		600	Common	1.00

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 fatements contained herein are true and correct.

Signature of Officer

Francis M. Dwyer
Print or Type Name of Officer

President

Title of Officer



Who

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

Filing Period: January 1-March 1 ) Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 18348 RED GATE MOTEL, INC. Zip State 3. Street Address Principal Business Office City No. Kingstown R.I 02852 7650 Post Road 6. SIC Code 4. Business Phone No. 5. State of Incorporation 7096 **RHODE ISLAND** 401-295-5700 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name Francis M. Dwyer Emily Ann Dwyer Street Address Street Address 106 Audubon Road 106 Audubon Road Zip City Zip No. Kingstown 02852 02852 North Kingstown | RI Secretary Name Emily Ann Dwyer Street Address Street Address 106 Audubon Road City Zip City State Zip State No. Kingstown R.I. 10852 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Emily Ann Dwyer Street Address Street Address 106 Audubon Road City State No. Kingstown R.I. 02852 Director Name Director Nam Street Address Street Address City State Zip State Zip City 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Class/Sertes Par Value Number of Shares Class/Series Number of Shares 1000 SHS \$1.00 PAR VAL 1.00 600 Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 1 (88)81 (188) 1818 B 1011 B1881 1811 1881

			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	3.4.97		that all statements contained herein are true and correct.
Check No.:	73/0		Francis M. Dwyer President
Ву:	10P / Net		Print or Type Name of Officer  President
FOR SECRETA	RY OF STATE USE ONLY	-	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: Ja	nuary '	I-March	Ĭ
Eilina.	EARL CEO O	^		

RPORATE IO NO	2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.	<del> </del>	
18348 EETAOORESS PRINCIPAL RUSING	1	TE MOTEL, INC.	Y Son	I STATE	/ ho coor
7650 T	Post Rd		N. Kingston	n RI	8285
hess phone no. 1-295		S STATE OF INCORPORATION RHODE IS	•		789 <u>6</u>
Moto P	ER OF BUSINESS CONDUCTED IN RHOOE!				
ERANCI.	s M Dwy	IER AND ADDR	ESSES OF THE OF VICE PRESIDENT NAME  Emily An	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b></b> .
06 Audu	bm Rd	The const	10 6 Audu	brild	
LKINGS for	m STATE RIT	02852	N. KILLS & for	n RI	02852
Limely Ar	in Dunger		FRANCIS STRET ADDRESS	M Dwyen	
4 Judul	on Rol	1 Jup COOE	106 Audu	bon Rd	∑∂P C00€
1. Kingston	~ RD	02855	V. Kings tom	RT_	02852
TOR NAWE	La Demaga		ORECTOR NAME		
Manualy Av	on Ro		STREET ADDRESS		
Kingstow	n RI	0 285Z	άτγ	STATE	ZIP CODE
TOR NAME			DIRECTOR HAME		<del></del>
ET ADDRESS			7 STREET ADORESS		
	STATE	ZIP COOE	Zary	STATE	ZIP C000€
	1 0 . S Authorized Shares	HARES AUTHOR	IZED AND ISSUE	ISSUED SHARES	
MUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000 SHS	\$1.00 PAR VAL		600	Common	1.00
			4	1	1

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.

2/28/96 File Date: Check No: Ву:

For Secretary of State Use Only

Title of Officer

Signature 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:		An	nual Report for the yea	보)함(5 2011	# <del>-</del> 2		
	RED GATE MOT	EL, INC.	report in the yel				***************************************
Name of Corporation:				····			
	r the laws of the State of: Rhoc telephone number of principal of		Business Entity is (chec		_		
To toteign entity, address and	telephone number of principal of	пісе:	[X] Business Corpora				
			[ ] Professional Servi	ice Corporation (S	see RIGL C	hapter 7-5.1)	
			Brief statement of the c	haracter of busine	ess conducte	ed in Rhode I	sland:
Phone: ( )			General_Mote	$l_{ t Business_{ t }}$	and oth	ner	
	rincipal office of business entity	in Rhode	_activities_i	<u>ncidental t</u>	hereto	<u></u>	
Island (Provide street address - 7650_Post_Road_	NOT P.O. BOX):						
North Kingstown,	R.I. 02852	-	_				
Phone: (401) 885-222	0/295-5700		46 ************************************				
	THE	NAMES OF THE	OFFICERS ARE:	<del></del>		<del> </del>	
PRESIDENT		STREET ADDRESS	S TICERS ARE:	CITY/STATE		<del></del>	ZIP CODE
Francis M. Dwyer	106 A	audubon Road STREET ADDRESS	<u>North</u>	Kingstown,	R.I.	02852	
		street address audubon Road				00050	ZIP CODE
Emily Ann Dwyer		STREET ADDRESS	North	Kingstown,	K.1.	02852	ZIP CODE
Emily Ann Dwyer	106 A	udubon Road	North		рτ	02852	717 CODE
TREASURER		STREET ADDRESS	S NOL CIT	Kingstown,	N. I.	02002	ZIP CODE
Francis M. Dwyer		udubon Road		Kingstown,	R.I.	02852	
NAME	THE !	NAMES OF THE D STREET ADDRESS	DIRECTORS ARE:	0.000			
Fmily Ann Dayor	106 A	udubon Road		CITY/STATE	пт	02050	ZJP CODE
<u>Emily Ann Dwyer</u>	100 A	STREET ADDRESS	NOTIN	Kingstown,	_K.1.	02852	VIP CODE
<del></del>	<u>_</u>						
NAME		STREET ADDRESS	<u> </u>	CITY/STATE			ZIP CODE
NUMBER OF SHARES AUTHO	PRIZED (Rider may be attached)	NI NI	UMBER OF SHARES ISSU	JED AND OUTSTA	ANDING (R	ider may be att	nched)
Number of Shares	Class / Series						
1000	Common		umber of Shares 600	Class / Series	•		
1000	CORROLL		000	Common			
<u> </u>	<u> </u>					<del></del>	
Date _ 2/24/		Ву:	anshil	) Confle			
	,	Franc	is M. Dwyer				
Form 31 1/95		TILE OF OFFICER	APPHOHICES SHOUNG				
	DESIGNATED PRO		FOR SERVICE OF	DDOCEES.			
	NATED INTO	There are a	LONGENTION OF	LVACE99:			

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

FRANCIS M. DWYER 7550 POST ROAD NORTH KINGSTOWN RI 02852 25 125 27 RAR 46597 Filing Fee \$50.00 Payable to: Secretary of State

#### PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

#### 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

0018348 Corporate ID:	Annual Report for the year:
N. CD. Francisco	RED GATE MOTEL, INC.
Name of Business Entity:	
Business entity organized under the laws of the State ofRhode Federal Taxpayer Identification Number For foreign entity, address and telephone number of principal offi	[X] 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 Island (Provide street address - Not P.O. Box): 7650 'Post' Road	<del></del>
North Kingstown, Rhode Island 02852	activities incidental thereto ; /
	Date of Organization: Colober 1981 (1975)
Phone: (401 ) 885-2220/295-5700	Date of Qualification to do business in Rhode Island (if foreign entity):
	AMPLIANT OF THE OFFICERS AND
☐ CHIFFEYECUTIVE OFFICER OF ☑ PRESIDENT (CHALOR)	NAMES OF THE OFFICERS ARE: STREET ADDRESS CHYSTATE ZUPCOGE
Francis M. Dwyer	106 Audubon Road North Kingstown, R.I. 02852
Emily Ann Dwyer	Sixier Roberts CITYSTATE ZIPCODE 106 Audubon Road North Kingstown, R.I. 02852
CUSTODIAN OF RECORDS OR SECRETARY (Check Unit	STREPT ADDRESS CLIVISTATE ZIP CODE
Emily Ann Dwyer    Order its asknot orthogon   The asproprietae, over	106 Audubon Road North Kingstown, R.I. 02852
Francis M. Dwyer	106 Audubon Road North Kingstown, R.I. 02852
THE N	AMES OF THE DIRECTORS ARE:
Emily Ann Dwyer	STREET ADDRESS CHYSTATE ZIPCODE 106 Audubon Road North Kingstown, R.I. 02852
NAME	STREET ADDRESS CITY/STATE ZIP CODE
NAME.	STREET ADDRESS CITY/STATE ZIP COOK
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1000	NUMBER 600 FILED
CLASS Common	CLASS Common 1tb 2 8 1994
SERIES	SERIES By CCC 4/1/2
PAR VALUE OR WITHOUT PAR Par value \$1.00	PAR VALUE OR WITHOUT PAR Par value \$1.00
Date FE 6 23 1994	By Fram his ungen
	Francis M. Dwyer  FRINT OR TYPE NAME OF OFFICER SIGNING
	Prosident.
5	
Form 31 1/94	D OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

Corporate ID 00183	Annual Report for the year 1993						
FIRST: The name of the	FED G	BATE MOT	ELIN(	~ ····································	•••••	•••	
SECOND: It is incorpora						•	
THIRD: Character of bus	siness, briefly stated, is cidental thereto	General M	iotel Bu	siness	and othe	∍r	***
FOURTH: If foreign corp	poration, address of its pri	ncipal office	<b>3</b>	n/a	•••••••••••••••••		***
FIFTH: Business address	in Rhode Island 7650	0 Post R	oad No	. Kings	town, R.	I. 02852	
Name	esses of its directors and o	officers:	Address (ir	ncluding numbe	(Attach r	ider if necessar	y)
Emily Ann Dwyer	Director	106 Au	dubon Ro	oad No.	Kingstow	n, R.I.0	2852
	Director						
	Director						
Francis M. Dwyer		106 Aug	dubon Rá	l. No.	Kinastow	n,R.I. 0	 2852
Emily Ann Dwyer							<u>4</u> 052
11 11 11							
Francis M. Dwyer							
	Treasurer	-11111111111111111111111111111111111111		······································	····		
SEVENTH: Number of Si	nares authorized:				Par Val or statement shares are v	nt that	
No. of Shares	Class	* S	ienes A 2 (2003)		par val		
1000	common	17,748	B Z (550	_	Par val	ue \$1.00	
F		SECY	OF STAT	<b>E</b>	ΛIJ		
Eіднтн: Number of Sha	ires issued:			1 / Jk F	Par Val	lue nt that	
No. of Shares	Class	S	Series	100 D	shares are v par val		
600	common		7	Jo de	Par val	ue \$1.00	
Dated February 26	19 <u>93</u> (N	Red	Gate Mo	tel I	nc.		
	Ву	She	en 4	(n / )	lugar	<del></del>	
(Report must be signed	by an officer) Ti		Franc <u>is</u> Presiden	M	£		
Form 31 1/85	- y	· <del>- · · ·</del> · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		********	****************	

Corporate ID	0018348	Annual Report for	the year	1992
	of the corporation is	RED GATE MOT	FEL, INC.	
SECOND: It is incor	rporated under the laws of	Rhode Island		
	of business, briefly stated, is	General Motel	Business an	d other
FOURTH: If foreign	corporation, address of its pr	rincipal office	n/a	
FIFTH: Business ad	dress in Rhode Island 765	O Post Road No.Kin	gstown, R.]	. 02852
SIXTH: Names and	addresses of its directors and		(Attac	ch rider if necessary)
Emily Ann Dwye	Director  Director  Director	106 Audubon Road	No. Kingst	own, R.I.02852
	er President	106 Audubon Road	No. Kingst	own, R.I. 0285
Emily Ann Dwye	vice Presid	ent""		11 11 11
11 11 17	Secretary	99 t9 11	n (	
Francis M. Dwy	er Treasurer	N 11 11 11 11 11 11 11 11 11 11 11 11 11	<b>11</b> (	1 11- 11
SEVENTH: Number	r of Shares authorized:	MAR 2 7 1992 SECY C Scried TE	or sta shares	ir Value tement that are without ar value
1000	common	SECY CONTENT	•	lue \$1.00
Eighth: Number	of Shares issued:	NAM	or sta	ar Value tement that are without
No. of Shares	Class	Series 5 201	·	ar value
600	common		Par va	lue \$1.00
Dated February 28	3, 1992 19	Red Gate Mo	otel, Inc.	
(Report must be		Francis M. I Title President	yer	

Form 31 1/85

Corporate ID	018348	A	Annual Re	port for	the yea	r <u>. 199</u>	<u> </u>
FIRST: The name of	FIRST: The name of the corporation is		RED GATE MOTEL, INC.				
SECOND: It is inco	rporated under the laws of		Rhođe	Isla	nd	•••••	•
	of business, briefly stated, is cidental thereto	Gener	al Mot	el Bu	sines	s and ot	her
FOURTH: If foreign	corporation, address of its	principal of	Гісе	n/	a		
FIFTH: Business ad	dress in Rhode Island?	7650 Post	Road	No. K	ingto	wn, R.I.	02852
SIXTH: Names and	addresses of its directors a		Add	ress (includi	ng number,	(Attach ric	der if necessary)
Emily Ann D	wyer Director	···········	106 A	udubo	n Road	d No.Kin	gstown, R.I
	Director					•••••••	
	Director	**********	•••••	•••••		•••••	•••••
Francis M.	Dwyer President	106 A	udubon	Road	No.	Kingstow	n. R.I.
Emily Ann D	wyer Vice Pres	ident"		••			
11 11	Secretary	19		11			
Francis M. Dwyer	Treasurer	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••		•••	**	
SEVENTH: Number	r of Shares authorized:		Series			Par Val or statemen shares are w par val	t that ithout
1000	common	. Sa. 4	<b>.</b>	<b>(</b> 2)		•	lue \$1.00
Еіднтн: Number	of Shares issued:	CC.	OK SEED	'n		Par Val	
No. of Shares	Class		Street	77 **		shares are w par val	rithout
600	common		•	?"		Par Val	ue \$1.00
Dated February 28		(Name of Cou	Na Franci	- / s M	oc.	lyh	
(Report must be	signed by an officer)	Title	Presid	ent	· · · · • · · · · · · · · · · · · · · ·	·f	

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903



Corporate ID.	0018348	Annual Report for the	year 1990
First:	The name of the corporation is	RED GATE MOTEL. I	YC
Second:	It is incorporated under the laws of	Rhode Island	
THIRD:	Character of business, briefly stated,	is General Motel Busin	ess and other
acti	vities incidental thereto	)	
Fourth:	If foreign corporation, address of it	s principal officen,	/a
<b>Г</b> ІГТН:	Business address in Rhode Island	7650 Post Road No.King	stown, R.I. 02852
Sіхтн:	Names and addresses of its directors a		(Attach rider if necessary)
Em.il	y Ann Dwyer Director	.106 Audubon Road	No.Kingstown. R.I.
	Director		
	Director		······
Fran	cis.M. Dwyer President	.106AudubonRoadNe	a.Kingstown, R.I.
Emil	yAnnDwyer	sident"""	11
	Secretary	, II II II	ti ti
	cis.MDwyerTreasure		ti ti
Seventh:	-		Par Value
No. of Shar		Series	or statement that shares are without
1000	common	senes	par value
1000	Conunon		Par Value \$1.00
Еіснти:	Number of Shares issued:	PAID	Par Value or statement that
No. of Shar	res Class	JAN 1 1890	shares are without  par value
600	common	, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Par Value \$1.00
		TO"Y, OF STATE	
DatedJanua	ary30 19 .90.	Red .Gate .Motel,I) (Name of Comporation)	nc
		By Franci hi	Juzten
(Rei	port must be signed by an officer)	Francis M. Dw	yer /
Form 31 1/85	The state of the s	President	

Form 31 1/85

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0018348		I	Annual Rep	ort for tl	he year 1989	•••••
FIRST:	The name of the c	orporation is	RED G	ATE MOTE	EL, IN	IC.	••••••
SECOND:	It is incorporate	d under the laws of	Rhod	e Island	<u> </u>		
Third:	Character of busi	ness, briefly stated, is	Gener	al Mote	l Busi	ness and othe	r
		incindental ther					
Fourth		ration, address of its pr	•				
		n Rhode Island					
<b>S</b> іхтн:	Names and address	sses of its directors and	officers:	Addres	s (including	(Attach rider number, street, zip code)	if necessary)
Emily	Ann dwyer	Director	1.06	.Audub.on.	.Ro.ad	No Kingstown	RI
<b>******************</b>		Director		•••••			
		Director					
	is M. Dwyer		106			No!Kingstown	
¥WT.TĀ.	Annlwyer	Vice Preside	nt	**			
	······································	Secretary	••••••		•••••	••••••	
Franc	is M. Dwyer	Treasurer		11	-11	- 10	
Seventi	·	ares authorized:		_		Par Value or statement the shares are witho	-•
No. of Sh	ures	Class	P	AM		par value	
1000		common	JAN	APD   3 1 1990	er (**	Par Value	\$1.00
Еіснтн:	Number of Shar	res issued:	~=C,.{	OF STA	ir.	Par Value or statement th	at ·
No. of Sh	ures	Class		Series		shares are withough yar value	out
600		common				Par Value	\$1.00
-	ebruary 15,	E	(Name of Corp	ate Mote contion) Francis Preside	he M. Dwy	) hy hi	

Corporate ID	0018348	••••••	A	nnual Rep	ort for tl	ne year 195#)	1988	
FIRST: The name of the corporation is								
Second	: It is incorporated	l under the laws of	Rhod	eIslan	d		•••••	
THIRD:	Character of busin	ess, briefly stated, is	Gener	al Mote	l Busi	ness and o	other	
***************************************	activities i	ncindental ther	eto				••••	
Fourth	: If foreign corpor	ation, address of its pr	incipal off					
<b>Г</b> ІГТН:	Business address in	Rhode Island 76	50 Pos	t Road	No. K	ingstown,	R.I. 02852	
Ѕіхтн:	Names and address	ses of its directors and	officers:	Addre	ss (including	(Attach	n rider if necessary)	
	Ann dwyer		.106	Audubon	Road	No.Kingst	town, R.I.	
			*1**********	******************	***************************************	***************************************		
	:- M D							
	is M. Dwyer						town, R.I.	
Emily		Vice Preside					<u>.</u>	
***		Secretary		••••••			11	
Franc	is M. Dwyer	Treasurer	<b>†1</b>	11				
SEVENTI No. of Sh		es authorized:		Paris.		or states shares ar	Value ment that e without	
1000	arcs	common		Series		,	value \$1.00	
						rat va	itue \$1.00	
Еіднтн:				PAI	D W	or states	Value nent that e without	
No. of Sh	arcs	Class		Sefield XX	1989	•	value	
600		common	έ	ECY OF	STAT	F Par Va	lue \$1.00	
Dated Fe	ebruary 15,		Red Gat	te Mote	l, Inc	<u> </u>		
		В	y Fre	u u	m	) wyar	<b>?</b>	
(Reference	eport must be signed by	an officer) T	F1	rancis   Preside	M. Dwy n.t	er/	***************************************	

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

rporate ID	8	Annual Report	for the year
FIRST: The name of	the corporation is	RED GATE MOTE	L. INC.
SECOND: It is incorp	orated under the laws of		Shade Island
THIRD: Character of	business, briefly stated, is	General Mote	l Business and other
activi	ties incindental t	hereto	
FOURTH: If foreign of	corporation, address of its p	rincipal officeN	A
FIFTH: Business addi	ress in Rhode Island 76.5	O Post Road Nor	th Kingstown, R.I.02852
SIXTH: Names and a	ddresses of its directors and		(Attach rider if necessary)
·	C Director	106 Audubon Ro	ad No. Kingstown,R.I.
	Director		
	erPresident		ad No.Kingstown, R.I.
	Secretary	•····	•••••••••••••••••••••••••••••••••••••••
·	er Treasurer	ir it	
SEVENTH: Number o	f Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000	Common	PAID "	Par Value \$1.00
Pos N. A. A	<b>.</b>	SECY Series	EN Pr
EIGHTH: Number of	Shares issued:	OF STATE	Par Value Or statement that
No. of Shares	Class	SEC. Y Senes	Osbares are without
600	Common		Par Value
ed.January18,			_Inc.
	(	Name of Corporation)	A. A.
	В	Francis M. D	wyer/
(Report must be sig	ned by an officer)	itle President	

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

Corporate ID 18348	••••••••••	*********	Annual R	eport for t	he year <u>1986</u>
FIRST: The name of	of the corporation i	sRED GATE			
SECOND: It is inco	rporated under the	laws of			
					NESS AND OTHER
FIFTH: Business ad	dress in Rhode Isla	nd7.650	POSTROA	DNORT	CH.KINGSTOWN,RI.0285
SIXTH: Names and	addresses of its dir	ectors and office		dress (including	(Attach rider if necessary
EMILY ANN	DWYER D	irector 106	AUDUBON	ROAD N.	KINGSTOWN, RI
•••••	D	irector	••••••••••••••••••••••••••••••	•••••••	
	D	irector	·····	•••••••	
FRANCIS M	DWYER P	esident 10	6 AUDUBON	ROAD N	. KINGSTOWN, RI
EMILY ANN	DWYER v	ce President		11	H
	Se	cretary		11	11
FRANCIS M	DWYER T	easurer	11	11	11
SEVENTH: Number	of Shares authorize	ed:			Par Value or statement that shares are without
1,000	Class COMMON	11/29/86	Series		PAR VALUE \$ 1.0
Eіднтн: Number o	f Shares issued:	PAID			Par Value or statement that
No. of Shares	Class	<b>-</b>	Series		shares are without par value
600	COMMON	ANRE CHEK 0323A001			PAR VALUE \$1.00
PatedJANUARY. 2	27 19 86.		Corporation)	D GATE	MOTEL, INC.
(Report hust be si	gned by an officer)	Title	FRANCIS M PRESIDE	. DWYER NT	

~ Filing fee: \$15.00

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

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

			•	e year1905	
FIRST:	The name of th	e corporation is	RED GATE MOTI	EL, INC.	
THIRD:	Character of bu		ted, is GENERA	TATE OF RHODE ISLAND	
Fourth:	If foreign co	orporation, addres	ss of its principal	office N/A	
•		ess in Rhode Islan AD NORTH KINGS		s will be mailed to this	
Sixth:	Names and ad	dresses of its dire	ctors and officer	rs:	
	(Addresses mus	t include street and n	umber, if any)		
	Namo ANN DWYER	Office Director	106 AUDUBON	Address ROAD NORTH KINGSTOWN, RI	
			747777		
			4.0/ 1170174	N. DOLLD MADELL MARKACHANE I	
		106 AUDUBON ROAD NORTH KINGSTOWN,			
		SAME			
		SAME			
***********	IS M.DWYER apace is needed, a	Treasurer ttach rider)	SAI	ME	
SEVENTH No. of She		Shares authorize	ed : Series	Par Value or statement that shares are without par value	
1,000		COMMON		par value \$1.00	
Еіснти	Number of	Shares issued:		Par Value or statement that	
No. of Sh	area	Cinss	Series	shares are without par value	
600		COMMON		par value \$1.00	
ated:J	ANUARY 18,	<u> </u>	RED GATE	MUTEL INC.	
		029 8 5 13/85 By	FRANCIS M. D	he Duryer	
		Tit		signed by an officer)	
11 45 4		Hange of the registere	and office and fee the	regisfered agent	

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

# 1/8348

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

			ual Report for the y	
First:	The name of th	e corporation is	RED GATE MOTEL	,INC.
THIRD:	Character of bu	ated under the lav siness, briefly stat ITIES INCENDEN	ed, is GENERAL	TE OF RHODE ISLAND MOTEL BUSINESS
Fourth:	If foreign co	orporation, address	s of its principal of	ffice R/A
		ess in Rhode Islan AD NORTH KINGS		vill be mailed to this
Sixth:	Names and ad	dresses of its dire	ctors and officers	:
	(Addresses mus	t Include street and nu	ımber, if any)	
•	Name ANN DWYER	Office Director Director		ddresa OAD NORTH KINGSTOWN,RI
FRANC	IS K.DWYER	Director President	106 AUDUBUN	ROAD NORTH KINGSTOWN, RI
EMILY	ANN DWYER	Vice President	SAME	, , , , , , , , , , , , , , , , , , ,
EMILY ANN DWYER Secretary		SAME	•	
************************	IS M.DWYER apace is needed, a	Treasurer	SAME	
Sevente	: Number of	Shares authorized	d:	Par Value or statement that
No. of Sh	g res	Class	Series	shares are without par value
1,000	)	COMMON		par value \$1.00
Еіднтн	: Number of	Shares issued:		Par Value or statement that shares are without
No. of Sh	ares	Class	Serles	par value
600		COMMON		par value \$1.00
If the	ANUARY 18,	19 8 5 02/13/8By	(Report must be al	gned by an officer)
If the	corporation has c	yTitl U	(Report must be al	registered agent,

Filing fee: \$15.00

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

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

			Annual Re	port for the ye	ar 1983	
Fir	ST: The name of	the corporation	is RED C	GATE MOTEL.	INC.	
Sec	COND: It is incorp	orated under t	he laws of	THE STATE	OF RHOD	E ISLAND
Тн	IRD: Character of AND OTHER ACT		•		OTEL BUS	INESS
For	upmyr. If familian					
	URTH: If foreign	corporation, a	duress of its	s principal offic	ce N/A	
			••••			
FiF	TH: Business add	dress in Rhode	Island (bla	nk reports wil	ll be maile	d to this
address)	7650 POST ROA	D NORTH KING	STOWN, RE	ODE ISLAND	02852	
Six	TH: Names and	addresses of its	directors a	nd officers:		
	(Addresses m	nust include street	and number, i	f any)		
	Name	Office		Addı	ress	
FRA	ANCIS M. DWYER	Director	106 Audi	ibon Road N	orth Kin	gstown, R
		Director				
		Director				
FRA	ANCIS M. DWYER	President	SAN			
EMI	ILY ANN DWYER	Vice Presi	dent SAN	Œ		
EMI	ILY ANN DWYER	Secretary	SAN	Œ		
	ANCIS M.DWYER tlonal space is needed	Treasurer	SAM	Œ		
Sev	ENTH: Number	of Shares autho	orized:		Par Va	
No.	of Shares	Class	Ser	ries	or statemer shares are t par vali	rithout
10	000	Common			•	ue \$ 1.00
Eig	HTH: Number of	f Shares issued	:		Par Val or statemen	t that
No.	of Shares	Class	Ser	ries	shares are val	
600	)	Common	2 22 - 83		par val	ue \$ 1.00
Dated:	February 17	1983	F	RED GATE MO	TEL INC.	
4	FEB 25 1943		I LUICO	RANCIS E DN RESIDENT rt must be signe	YER YER	cer)
lf Fo	the corporation has orm #9 must be filed.	changed its regis	stered office rporation Divi	and/or its regi sion for informa	sterod ager tion, 277-30	nt, 40

FCRM 3: 11-82

Filing fee: \$15.00

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

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

	An	nual Report fo	or the year 1982	
FIRST: The nam	e of the corporation is	Red Gate 1	fotel, Inc.	
SECOND: It is in	corporated under the la	ws of Rhoc	le Island	
	er of business, briefly sta	ted, is Mo	otel	
	ign corporation, addre		cipal office N/A	
		ıd (blank rep	orts will be mailed to this	
address) 7650 Pos	t Road, North King	stown, RI	02852	
Sixth: Names a	and addresses of its dire	ectors and of:	ficers:	
(Addre	sses must include street and n	umber, if any)		
Name	Office		Addresa	
Francis M. Dwyer	Director	7373 Post	Road, North Kingstown, B	lΣ
	Director			
	Director			
Francis M. Dwyer		7373 Post	Road, North Kingstown, I	RI
•	Vice President	same		
		same		
Emily A. Dwyer				
Francis M. Dwyer (If additional space is neede		same		
SEVENTH: Numb	er of Shares authorized	<b>i</b> :	Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
1000	common stock		\$1.00	
Eighth: Numbe	r of Shares issued:		Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
600	common stock		\$1.00 <b>2</b>	
Dated:January. 15		<b>!</b>	Motel Inc.	
FEB	5 1982 By	Vianus		
	Titl		*be*signed by an officer)	
			· · · · · · · · · · · · · · · · · · ·	
If the corneration	has changed its registers	d office and/s	ile registered agent	

Form #9 must be filed. Please contact Corporation Division to improve in the corporation has changed its registered office and/or its registered agent,

Form #9 must be filed. Please contact Corporation Division to improve its registered agent,

- 10:-81