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 OR PRINTED IN BLACK)

1. Corporate ID No	2. Name of Corporation
112061	Inn at Cliff Walk, Inc.

3. Street Address Principal Business Office	City	State	Zip
117 Memorial Boulevard	Newport	RI	02840

4. Business Phone No	5. State of Incorporation	6. SIC Code
	RHODE ISLAND	5538

7. Brief Description of the Character of Business Conducted in Rhode Island
ACQUIRING, IMPROVING, SELLING AND/OR LEASING REAL PROPERTY AND PERSONAL PROPERTY

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

President Name	Vice President Name
John Shufelt	John Shufelt
Street Address: 34705 W. 12 Mile Road	Street Address: 34705 W. 12 Mile Road
City: Farmington Hills, State: MI, Zip: 48331	City: Framington Hills, State: MI, Zip: 48331
Secretary Name	**Treasurer Name**
John Shufelt	John Shufelt
Street Address: 34705 W. 12 Mile Road	Street Address: 34705 W. 12 Mile Road
City: Farmington HIlls, State: MI, Zip: 48331	City: Framington HIlls, State: MI, Zip: 48331

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

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

05 MAY 24 AM 8:45

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*
1,000 NO PAR VALUE			1,000		

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

[redacted] *112061* [redacted]

File Date 5-24-05
Check No. 4239
By: OV
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

John Shufelt — 5-17-05
Signature of Officer — *Date*

John M. Shufelt
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Divisio
100 North Main Stree
Providence, RI 02903-133
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
112061	Inn at Cliff Walk, Inc.		
3. Street Address Principal Business Office: 117 Memorial Boulevard	City: Newport	State: RI	Zip: 02840
4. Business Phone No.: 847-1300	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 5538 5538

7. Brief Description of the Character of Business Conducted in Rhode Island
ACQUIRING, IMPROVING, SELLING AND/OR LEASING REAL PROPERTY AND PERSONAL PROPERTY

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

President Name	Street Address	City	State	Zip
John Shufelt	34705 W. 12 Mile Road	Farmington Hills	MI	48331

Vice President Name	Street Address	City	State	Zip
John Shufelt	34705 W. 12 Mile Road	Farmington Hills	MI	48331

Secretary Name	Street Address	City	State	Zip
John Shufelt	34705 W. 12 Mile Road	Farmington Hills	MI	48331

Treasurer Name	Street Address	City	State	Zip
John Shufelt	34705 W. 12 Mile Road	Farmington Hills	MI	48331

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

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
None		

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

[redacted] [redacted]

1120611

File Date 3/18/04

Check No. 2326

By: [redacted]

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.

Christopher D. Christe — 3-17-04
Signature of Officer — *Date*

Christopher D. Christe
Print or Type Name of Officer

CFO
Title of Officer

[redacted]

Office of the Secretary of State

100 North Main Street, Providence, RI 02903-1
401-222-3

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 PRINTED IN BLACK)

1. Corporate ID No.: 112061

2. Name of Corporation: Inn at Cliff Walk, Inc.

3. Street Address Principal Business Office: 117 Memorial Boulevard — City: Newport — State: RI — Zip: 02840

4. Business Phone No.: 847-1300

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 5538

7. Brief Description of the Character of Business Conducted in Rhode Island: Acquiring, improving, selling of real and personal property, property management — 5538

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

President Name: John Shufelt
Street Address: 34705 W. 12 Mile Road
City: Farmington Hills — State: MI — Zip: 48331

Vice President Name: John Shufelt
Street Address: 34705 W. 12 Mile Road
City: Farmington Hills — State: MI — Zip: 48331

Secretary Name: John Shufelt
Street Address: 34705 W. 12 Mile Road
City: Farmington Hills — State: MI — Zip: 48331

Treasurer Name: John Shufelt
Street Address: 34705 W. 12 Mile Road
City: Farmington Hills — State: MI — Zip: 48331

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

Director Name: None
Street Address: None
City — State — Zip

Director Name: None
Street Address: None
City — State — Zip

Director Name: None
Street Address: None
City — State — Zip

Director Name: None
Street Address: None
City — State — Zip

10. SHARES AUTHORIZED (X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

11. SHARES ISSUED (X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
None		

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

* 1 1 2 0 6 1 *

FILED

File Date: FEB 27 2003

Check No.: CM#63

By: 19435

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 — Date: 2-21-03

Print or Type Name of Officer: J.M. Shufelt

Title of Officer: CEO

Form 630 12/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the 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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. *Corporate ID No.* 112061

2. *Name of Corporation* Inn at Cliff Walk, Inc.

3. *Street Address Principal Business Office* 117 Memorial Boulevard — *City* Newport — *State* RI — *Zip* 02840

4. *Business Phone No.* 847-1300

5. *State of Incorporation* RHODE ISLAND

6. *SIC Code* 5538

7. *Brief Description of the Character of Business Conducted in Rhode Island*
Acquiring, improving, selling of real and personal property, property management

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

President Name John Shufelt
Street Address 34705 W. 12 Mile Road
City Farmington Hills *State* MI *Zip* 48331

Vice President Name John Shufelt
Street Address 34705 W. 12 Mile Road
City Farmington Hills *State* MI *Zip* 48331

Secretary Name John Shufelt
Street Address 34705 W. 12 Mile Road
City Farmington Hills *State* MI *Zip* 48331

Treasurer Name John Shufelt
Street Address 34705 W. 12 Mile Road
City Farmington Hills *State* MI *Zip* 48331

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*
1,000 NO	PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
None		

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

[redacted]

File Date: 1/28/02
Check No.: 17600
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

J. M. Shufelt 1-14-02
Signature of Officer *Date*

J. M. Shufelt
Print or Type Name of Officer

CEO
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 112061
2. Name of Corporation: Inn at Cliff Walk, Inc.

3. Street Address Principal Business Office: 117 Memorial Boulevard
City: Newport
State: RI
Zip: 02840

4. Business Phone No.: 847-1300
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5538

7. Brief Description of the Character of Business Conducted in Rhode Island
Acquireing,improving,selling of real and personal property, property management

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

President Name: John Shufelt
Street Address: 34705 W. 12 Mile Road
City: Farmington Hills
State: MI
Zip: 48331

Vice President Name: John Shufelt
Street Address: 34705 W. 12 Mile Road
City: Farmington Hills
State: MI
Zip: 48331

Secretary Name: John Shufelt
Street Address: 34705 W. 12 Mile Road
City: Farmington Hills
State: MI
Zip: 48331

Treasurer Name: John Shufelt
Street Address: 34705 W. 12 Mile Road
City: Farmington Hills
State: MI
Zip: 48331

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
1,000	NO	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
None		

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

[redacted]

[redacted]

File Date: 2/16

Check No.: 160013

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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] 2-5-01
Signature of Officer *Date*

J.M. Shufelt
Print or Type Name of Officer

Pres
Title of Officer