



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. 129068		2. Name of Corporation Sea Whale Motel, Inc.			
3. Street Address Principal Business Office 150 Aquidneck Avenue			City Middletown (Newport)	State R.I.	Zip 02842
4. Business Phone No. 401-846-7071		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, OPERATE AND MANAGE THE SEA WHALE MOTEL IN MIDDLETOWN, RI					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Teresa O'Donnell			Vice President Name Jeffrey D. Burgess		
Street Address 150 Aquidneck Avenue			Street Address 150 Aquidneck Avenue		
City Middletown	State R. I.	Zip 02842	City Middletown	State R. I.	Zip 02842
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 Teresa O'Donnell			Director Name Jeffrey D. Burgess		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1,000	Common	no par value

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



File Date	5-24-05
Check No.	1990
By:	ow
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

Teresa O'Donnell
Print or Type Name of Officer

President

Title of Officer

Filing Fee: \$20.00

ID Number: 129068



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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BUSINESS CORPORATION

STATEMENT OF CHANGE OF REGISTERED AGENT
BY THE CORPORATION

Pursuant to the provisions of Sections 7-1.1-12 or 7-1.1-107 of the General Laws, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered agent and its registered office in the state of Rhode Island:

1. The name of the corporation is Sea Whale Motel, Inc.
2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
38 BELLEVUE AVENUE NEWPORT 02840
3. The address of the NEW registered office is:
150 Aquidneck Avenue, Middletown, RI 02842 - 5610
4. The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
Gregory B. Klaiber, Esq.
5. The name of the NEW registered agent is:
Teresa M. O'Donnell,
6. The appointment of a new registered agent and the new registered office, as the case may be, shall become effective upon the filing of this statement, or on _____
(a date not prior to, nor more than 30 days after, filing this statement).
7. The change was authorized by resolution duly adopted by its board of directors. [Strike if inapplicable pursuant to Section 7-1.1-51(1).]

Date: May 6, 2005

Sea Whale Motel, Inc.

Print Corporate Name

By

Jeffrey D. Burgess
Its President ☐ or Its Vice President ☒

STATE OF Rhode Island
COUNTY OF Newport

In Middletown, RI, on this 6th day of May, 2005, personally appeared before me Jeffrey D. Burgess who, being by me first duly sworn, declared that he/she is the Vice President of the corporation and that he/she signed the foregoing document as such officer of the corporation, and that the statements herein contained are true.

FILED

MAY 10 2005

Form No. 640 Revised: 08/02

Bym 65948

QAB

Debra E. Settle
Notary Public

My Commission Expires: 8-17-05



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City Middletown	State R.I.	Zip 02842	City Middletown	State R.I.	Zip 02842
Secretary Name Same as above.			Treasurer Name		
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Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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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	Common	no par value

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



* 1 2 9 0 6 8 *

File Date 6/17/04
Check No. 1527
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 of Officer

Teresa O'Donnell

Print or Type Name of Officer

President

Title of Officer