

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335

Form 630 Rev. 12/03

401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_

2005

(FORM MUST BE TYPED OR  1. Corporate ID No.					
129068	2. Name of Gorp Sea Whale	e Motel, Inc.			
3. Street Address Principal Bus		<u></u> .	cin Midaletown	State	Zip
150 Aquidneck	Avenue		(Newport)	R.I.	02842
401-846-7071		5. State of Incorporati RHODE ISLAN			6. SIC Code
	ractor of Business Condu	Cited in Khode Island E SEA WHALE MOTEL IN M	AIDDI ETOWN BI		
r maries and addre President Name	SSES OF THE OFFI	CERS: ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USIN	NG ATTACHMENTS
Teresa O'Donne	IJ		Jeffrey D. Burges	ς.	
Street Address		·	Street Address		
150 Aquidneck		· · · · · · · · · · · · · · · · · · ·	150 Aquidneck Ave	nue	
Guy Middletown	State R. I.	<sup>Ζφ</sup> 02842	Giy Middletown	State	Z.(p
Secretary Name	1	102042	: Triudietown	R.I.	J 02842
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Street Address			Street Address		
C(t)·	State	Zip	Gity	State	Zip
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	SSES OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENT) _ FILL IN SP	ACES BEFORE US	ING ATTACHMENTS
<i>Piretor Name</i> <u>Teres</u> a O'Donne	n i		Director Name		
Street Address	<u> rı —                                     </u>	<del></del> -	Jeffrey D. Burgess Succeedings		
Same as above			Same as above		
Chy	State	Zip ,	City	State	Zip
Director Name	J	J	Noveten Name	l	
			Director Name		
Sinvi Address			Street Address		<del></del>
City	State	20.	City	<u> </u>	
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Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		1,000	Common	no par value	
	<del></del>		1		_
	<u>_</u> -	<u> </u>			
This report must	be signed in ink b	y either the President, Vic	e President, Secretary, Assistant Se	ecretary, Treasurer	, Receiver or Trustee
II					
		<u> </u>			_
	<b> </b>		Linder construct parium	I doolars and affirm	that I have an emissed this see
·-	<u>-</u>	<del></del>	including any accompany	ing schedules and sta	that I have examined this reg atements, and that all statem
			contained herein are true	and correct.	1 5/2 2/20
File Date <u>5-24-03</u>	<del></del>		Terestal	Deall	7-2705
Check No ( 990			Signature of Officer		/ Dylic
			Teresa O'Donne		
9y: <u> </u>			Print or Type Name of Office	rer	
EOD SECRETA BY O		ı	President		-

Title of Officer

ID Number: 129 068



Filing Fee: \$20.00

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

#### **BUSINESS CORPORATION**

#### STATEMENT OF CHANGE OF REGISTERED AGENT BY THE CORPORATION

Pursuant to the provisions of Sections 71.1-12 or 71.1-107 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:

	<b>-</b> .	<b>.</b>	Coa Mhala Ma	latal Ina
1.	The name o	f the corporation i	s Sea Whale Mo	loter, mc.
2.	The address Secretary of	f State is:	d office as PRESE	ENTLY shown in the corporate records on file with the Rhode Island
3.	The address	s of the NEW regi		k Avenue, Middletown, RI 02842 - 5610
4.	The name of Secretary of	_	agent as PRESEN	NTLY shown in the corporate records on file with the Rhode Island
			Gregory B. Klait	illoer, Esq. — — — — — — — — — — — — — — — — — — —
5.	The name o	f the NEW registe	ered agent is: Teresa M. O'Do	<u> </u>
6.			gistered agent and	the new registered office, as the case may be, shall become effective
	upon the min	ng of this stateme	ent, or on	(a date not prior to, nor more than 30 days after, filing this statement).
				7
<b>7</b> .	The change Section 7-1.		y resolution duly ad	adopted by its board of directors. [Strike if inapplicable pursuant to
Da	te:	May 6, 2005		Sea Whale Motel, Inc.
			<del></del>	Print Corporate Name
СT	ATE OF	Rhode Island		By Stresident or Its Vice Bresident 1
	ATE OF OUNTY OF	Newport		<del></del>
	_			<del></del>
is t	In fore me the ch officer of th	Middletown, RI  Jeffrey D. Burg  Vice President ne corporation, an		6th day of May , 2005 , personally appeared who, being by me first duly swom, declared that he/she of the corporation and that he/she signed the foregoing document as nts herein contained are true.
		ı	FILED	Notary Public 2 13 05
Fon	m No. 640 Revis	sed: 08/02 M	AY 1 0 2005	My Commission Expires: 8-17-05
		By	M65948	-



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

2004

1. Corporate ID No.	2. Name of Corpo						
129068	Sea Whale I	Sea Whale Motel, Inc.					
3. Street Address Principal Business Office 150 Aquidneck Avenue			City Middletown	State R.I.	2φ 02842		
4. Business Phone No		5. State of Incorporat	tion		6. SIC Circle		
401-846-7071		RHODE ISLAN	ND				
7. Brief Description of the Char TO OWN, OPERATE	AND MANAGE THE	ed in Rhode Island SEA WHALE MOTEL IN N			<b>.</b>		
8. NAMES AND ADDRE	SSES OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT) - FILL IN	SPACES BEFORE USIN	C ATTACHMENTS		
President Name		: <u> </u>	Vice President Name	JI MCLS DLI OKL USIK	TO ATTACHMENTS		
Teresa O'Donnel			Jeffrey D. Burd	Jeffrey D. Burgess			
Sirvet Address		<del> </del>	Street Address				
150 Aquidneck A	ivenue		150 Aquidneck A	Avenue			
City	State	ZIP	City	State	Zip		
Middletown	R.I.	02842	Middletown	R.I.	02842		
Secretary Name	· · · · · · · · · · · · · · · · · · ·	************************	: Treasurer Name				
Same as above.							
Street Address			Street Address				
City	State	7/10		Ta			
.40,1	Suuc	Z.ip	Cuy	State	Zip		
·			:				
9. NAMES AND ADDRES	SSES OF THE DIREC	TORS CY BOX FOR	ATTACHMENT) Total	IN SPACES BEFORE HE	INC ATTACHMENTS		
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Director Name		TORS: ("X" BOX FOR	Director Name		ING ATTACHMENTS		
Director Name Teresa O'Donnel		CTORS: ("X" BOX FOR	Jeffrey D. Buro		ING ATTACHMENTS		
Street Address	1	TORS: ("X" BOX FOR	Jeffrey D. Buro	gess	ING ATTACHMENTS		
Director Name Teresa O'Donnel	1	CTORS: ("X" BOX FOR	Jeffrey D. Buro	gess			
Director Name Teresa O'Donnel Street Address 150 Aquidneck A	venue state	Zap	Jeffrey D. Burd Street Address 150 Aquidneck A	gess Avenue State	Zip		
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Director Name Teresa O'Donnel Street Address 150 Aquidneck A Gity Middletown Director Name Street Address Gity 10. SHARES AUTHORIZ	State  State	Zip 02842	Director Name  Jeffrey D. Burd Street Address  150 Aquidneck A City Middletown Director Name  Street Address  City  11. SHARES ISSUED	qess Avenue State R.I.	Zip 02842		
Director Name Teresa O'Donnel Navet Address 150 Aquidneck A Gity Middletown Director Name Street Address Gity 10. SHARES AUTHORIZ AUTHORIZED SHARES	State  State	Zip 02842	Jeffrey D. Burd Street Address  150 Aquidneck A City Middletown Director Name  Street Address  City  11. SHARES ISSUED ISSUED SHARES	State  State  ("X" BOX FOR ATTACL	Zip 02842 Zip		
Director Name  Teresa O'Donnel  Street Address  150 Aquidneck A  Gity  Middletown  Director Name  Street Address  Gity  10. SHARES AUTHORIZ  AUTHORIZED SHARES  Number of Shares	State  State  State  ED ("X" BOX FOR	Zap 02842 Zap ATTACHMENT)	Director Name  Jeffrey D. Burd Street Address  150 Aquidneck A City Middletown Director Name  Street Address  City  11. SHARES ISSUED	Avenue State R.I.	Zip 02842		
Director Name Teresa O'Donnel Navet Address 150 Aquidneck A Gity Middletown Director Name Street Address Gity 10. SHARES AUTHORIZ AUTHORIZED SHARES	State  State  State  ED ("X" BOX FOR	Zap 02842 Zap ATTACHMENT)	Jeffrey D. Burd Street Address  150 Aquidneck F Gity Middletown Director Name  Street Address  Gity  11. SHARES ISSUED ISSUED SHARES Number of Shares	Avenue State R. I.  State  Class/Series	Zip 02842  Zip  Par Value		
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	6/17/04	
Check No	1527 18.	
 	OR SECRETARY OF STATE USE ONLY	

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Under penalty of perjury. I declare and affirm that including any accompanying schedules and statem	•
contained hereingate true and correct.	6/11/04
Signature of Officer	Dare
Teresa O'Donnell	
Print or Type Name of Officer	
President	• • • • • • • • • • • • • • • • • • • •
Title of Officer	