RI SOS Filing Number: 202047686870 Date: 8/4/2020 3:38:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
000798242	Waterford Hotel Group,Inc.			
3. Principal Office Address		City	State	Zip
914 Hartford Turnpike		Waterford	CT	06385
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
551112	Hotel Management			
5. State of Incorporation				
CT				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Michael Heaton					
Street Address			Street Address		
914 Hartford Turnpike					
City / State / Zip			City / State / Zip		
Waterford	CT	06385			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		
Director Name			Director Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	775	CNP	0
Changes require an additional filing.			

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	Date
Kevin Turley	7/29/20

Signature of Authorized Representative

Kevin Turley

FILED
AUG 04 2020
BY 12647
A.A. 3:38 PM

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

FORM 630 - Revised: 10/2017