



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

Corporations Division  
100 North Main St  
Providence, RI 02903-1  
401.222.3

# 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 59974		2. Name of Corporation Rose Farm Inn Rentals, Inc.		
3. Street Address Principal Business Office 1005 Roslyn Rd		City Black Island	State RI	Zip 02807
4. Business Phone No. (401) 466-2034		5. State of Incorporation RHODE ISLAND		6. SIC Code 7096
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ACCOMODATIONS TO THE GENERAL PUBLIC AND CONDUCT A GENERAL HOTEL, MOTEL RESTAURANT AND CAFÉ BUSINESS				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Robert E. Rose		Vice President Name Judith B. Rose		
Street Address 1005 Roslyn Rd		Street Address 1041 Roslyn Rd		
City Black Island	State RI	Zip 02807	City Black Island	State RI
Secretary Name Jamie M. Rose		Treasurer Name Judith B. Rose		
Street Address 1622 Roslyn Rd		Street Address 1041 Roslyn Rd		
City Black Island	State RI	Zip 02807	City Black Island	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name none		Director Name none		
Street Address		Street Address		
City	State	Zip	City	State
Director Name none		Director Name none		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
8,000 COMM NO PAR VALUE			100	common
				none

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



File Date	2-16-05
Check No.	9705
By:	OK
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.

Judith B. Rose 2-13-05  
Signature of Officer Date  
Judith B. Rose  
Print or Type Name of Officer  
Vice President  
Title of Officer



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-13  
401-222-30



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

59974

2. Name of Corporation

Rose Farm Inn Rentals, Inc.

3. Street Address Principal Business Office

1005 Roslyn Rd

City

Block Island

State

RI

Zip

02807

4. Business Phone No.

(401) 466-2034

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7096

7. Brief Description of the Character of Business Conducted in Rhode Island

To provide accommodations to the general public and conduct a general hotel, motel, restaurant and cafe business.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Robert E. Rose

Vice President Name

Judith B. Rose

Street Address

1005 Roslyn Rd

Street Address

1005 Roslyn Rd

City

Block Island

State

RI

Zip

02807

City

Block Island

State

RI

Zip

02807

Secretary Name

Jamie M. Rose

Treasurer Name

Judith B. Rose

Street Address

1005 Roslyn Rd

Street Address

1005 Roslyn Rd.

City

Block Island

State

RI

Zip

02807

City

Block Island

State

RI

Zip

02807

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

none

Director Name

none

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

none

Director Name

none

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 common none

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



\* 5 9 9 7 4 \*

File Date:

2-11-03

Check No.:

8662

By:

VP

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.

Judith B. Rose

02-08-03

Signature of Officer

Date

Judith B. Rose

Print or Type Name of Officer

V Pres.

Title of Officer



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1311  
401-222-3044



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

59974

2. Name of Corporation

Rose Farm Inn Rentals, Inc.

3. Street Address Principal Business Office

1005 Roslyn Rd

City

Block Island

State

RI

Zip

02807

4. Business Phone No.

(401) 466-2034

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7096

7. Brief Description of the Character of Business Conducted in Rhode Island

To provide accomodation to the general public and conduct a general hotel, motel, restaurant and cafe business.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Robert E. Rose

Street Address

1005 Roslyn Rd

City

Block Island

State

RI

Zip

02807

Vice President Name

Judith B. Rose

Street Address

1005 Roslyn Rd

City

Block Island

State

RI

Zip

02807

Secretary Name

Jamie M. Rose

Street Address

1005 Roslyn Rd

City

Block Island

State

RI

Zip

02807

Treasurer Name

Judith B. Rose

Street Address

1005 Roslyn Rd

City

Block Island

State

RI

Zip

02807

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

8,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

none

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



\* 5 9 9 7 4 \*

File Date:

1-23-02

Check No.:

8175

By:

2

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.

Judith B. Rose

12-31-01

Signature of Officer

Date

Judith B. Rose

Print or Type Name of Officer

Vice President

Title of Officer

5

Form 630 12/01



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

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



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59974** 2. Name of Corporation **Rose Farm Inn Rentals, Inc.**

3. Street Address Principal Business Office

**Roslyn Rd**

City **Block Island** State **RI** Zip **02807**

4. Business Phone No **(401) 466-2034**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**7096**

7. Brief Description of the Character of Business Conducted in Rhode Island **To provide accomodations to the general public and conduct a general hotel, motel restaurant & cafe business.**

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

President Name

**Robert E. Rose**

Vice President Name

**Judith B. Rose**

Street Address

**Roslyn Rd**

Street Address

**Roslyn Rd**

City **Block Island** State **RI** Zip **02807**

City **Block Island** State **RI** Zip **02807**

Secretary Name

**Jamie M. Rose**

Treasurer Name

**Judith B. Rose**

Street Address

**Roslyn Rd**

Street Address

**Roslyn Rd**

City **Block Island** State **RI** Zip **02807**

City **Block Island** State **RI** Zip **02807**

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

Director Name

**none**

Director Name

**none**

Street Address

Street Address

City State Zip

City State Zip

Director Name

**none**

Director Name

**None**

Street Address

Street Address

City State Zip

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**8,000 SHS COM NO PAR VAL**

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

**100 common none.**

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



\* 5 9 9 7 4 \*

File Date. **1/30**

Check No. **7704**

By: **jc**

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.

**Judith B. Rose** 1-24-01  
Signature of Officer Date

**Judith B. Rose**  
Print or Type Name of Officer

**Vice President**  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1401-222-2222



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59974** 2. Name of Corporation **Rose Farm Inn Rentals, Inc.**

3. Street Address Principal Business Office  
**Roslyn Rd.**

City **Block Island** State **R.I.**

Zip **02807**

4. Business Phone No  
**(401) 466-2034**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**7096**

7. Brief Description of the Character of Business Conducted in Rhode Island To provide Accomodations to the General public and conduct a general hotel, motel restaurant and cafe business.

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

President Name  
**Robert E. Rose**

Vice President Name  
**Judith B. Rose**

Street Address  
**Roslyn Rd.**

Street Address  
**Roslyn Rd.**

City **Block Island** State **R.I.**

Zip **02807**

City **Block Island** State **R.I.**

Zip **02807**

Secretary Name  
**Jamie M. Rose**

Treasurer Name  
**Judith B. Rose**

Street Address  
**Roslyn Rd.**

Street Address  
**Roslyn Rd.**

City **Block Island** State **R.I.**

Zip **02807**

City **Block Island** State **R.I.**

Zip **02807**

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

Director Name  
**none**

Director Name  
**none**

Street Address

Street Address

City **Block Island** State **R.I.** Zip **02807**

City **Block Island** State **R.I.** Zip **02807**

Director Name  
**none**

Director Name  
**none**

Street Address

Street Address

City **Block Island** State **R.I.** Zip **02807**

City **Block Island** State **R.I.** Zip **02807**

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 SHS	COM	NO PAR VAL

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON	none

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



\* 5 9 9 7 4 \*

File Date **12-23-99**

Check No. **7204**

By: **AMF**

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 **Judith B. Rose** Date **12-22-99**

**Judith B. Rose**

Print or Type Name of Officer

**Vice President**

Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1  
401-222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>59974</b>		2. Name of Corporation <b>Rose Farm Inn Rentals, Inc.</b>	
3. Street Address-Principal Business Office <b>Roslyn Rd.</b>		City <b>Block Island</b>	State <b>R.I.</b>
4. Business Phone No. <b>(401) 466-2034</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>7096</b>		7. Brief Description of the Character of Business Conducted in Rhode Island <b>To provide accommodations to the general public and conduct a general hotel, motel restaurant and cafe business.</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Robert E. Rose</b>		Vice President Name <b>Judith B. Rose</b>	
Street Address <b>Roslyn Rd.</b>		Street Address <b>Roslyn Rd.</b>	
City <b>Block Island</b>	State <b>RI</b>	City <b>Block Island</b>	State <b>RI</b>
Zip <b>02807</b>		Zip <b>02807</b>	
Secretary Name <b>Jamie M. Rose</b>		Treasurer Name <b>Judith B. Rose</b>	
Street Address <b>Roslyn Rd.</b>		Street Address <b>Roslyn Rd.</b>	
City <b>Block Island</b>	State <b>RI</b>	City <b>Block Island</b>	State <b>RI</b>
Zip <b>02807</b>		Zip <b>02807</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>none</b>		Director Name <b>none</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <b>none</b>		Director Name <b>none</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>8,000 SHS COM NO PAR VAL</b>		<b>100</b>	<b>common</b>
			<b>none</b>

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



\* 5 9 9 7 4 \*

File Date: 1/13/99

Check No.: 6227

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.

Judith B. Rose 1-11-99  
Signature of Officer Date

Judith B. Rose  
Print or Type Name of Officer

Vice President  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1  
401-277-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

**59974**

2. Name of Corporation

**Rose Farm Inn Rentals, Inc.**

3. Street Address Principal Business Office

**Roslyn Road**

City

**Block Island**

State

**RI**

Zip

**02807-0895**

4. Business Phone No.

**(401)466-2021**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**7098**

7. Brief Description of the Character of Business Conducted in Rhode Island

To provide accommodations to the general public  
and conduct general hotel, motel restaurant and cafe business.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

**Robert E. Rose**

Street Address

**Roslyn Road**

City

**Block Island**

State

**RI**

Zip

**02807-0895**

Vice President Name

**Judith B. Rose**

Street Address

**Roslyn Road**

City

**Block Island**

State

**RI**

Zip

**02807-0895**

Secretary Name

**Jamie M. Rose**

Street Address

**Roslyn Road**

City

**Block Island**

State

**RI**

Zip

**02807-0895**

Treasurer Name

**Judith B. Rose**

Street Address

**Roslyn Road**

City

**Block Island**

State

**RI**

Zip

**02807-0895**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

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

**8,000 SHS COM NO PAR VAL**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**100**

**Common**

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



\* 5 9 9 7 4 \*

File Date:

**1-1-98**

Check No.:

**6252**

By:

**WP**

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.

**Judith B. Rose** **12-26-97**  
Signature of Officer Date

**Judith B. Rose**

Print or Type Name of Officer

**Vice President**

Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1101  
401-277-3100

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>59974</b>		2. Name of Corporation <b>Rose Farm Inn Rentals, Inc.</b>	
3. Street Address Principal Business Office <b>Roslyn Road</b>		City <b>Block Island</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 466-2021</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>7096</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To provide accommodations to the general public and conduct general hotel, motel, restaurant and cafe business.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)			
President Name <b>Robert E. Rose</b>		Vice President Name <b>Judith B. Rose</b>	
Street Address <b>Roslyn Road</b>		Street Address <b>Roslyn Road</b>	
City <b>Block Island</b>	State <b>RI</b>	City <b>Block Island</b>	State <b>RI</b>
Secretary Name <b>Jamie M. Rose</b>		Treasurer Name <b>Judith B. Rose</b>	
Street Address <b>Roslyn Road</b>		Street Address <b>Roslyn Road</b>	
City <b>Block Island</b>	State <b>RI</b>	City <b>Block Island</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)			
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>8,000 SHS COM NO PAR VAL</b>		<b>100</b>	<b>Common</b>

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



File Date: **1/2/97**

Check No.: **5807**

By: **CS**

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

**Robert E. Rose**

Print or Type Name of Officer

**President**

Title of Officer

Date

**12/26/96**



# 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) 277-3100

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO <b>59974</b>		2. NAME OF CORPORATION <b>Rose Farm Inn Rentals, Inc.</b>	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE <b>Roslyn Road</b>		CITY <b>Block Island</b>	STATE <b>R.I.</b>
		ZIP CODE <b>02807 -0895</b>	
4. BUSINESS PHONE NO <b>(401) 466-2021</b>		5. STATE OF INCORPORATION <b>RHODE ISLAND</b>	
		6. SIC CODE <b>7096</b>	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND <b>To provide accommodations to the general public and conduct general hotel, motel restaurant and cafe business.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME <b>Robert E. Rose</b>		VICE PRESIDENT NAME <b>Judith B. Rose</b>	
STREET ADDRESS <b>Roslyn Road</b>		STREET ADDRESS <b>Roslyn Road</b>	
CITY <b>Block Island</b>	STATE <b>R.I.</b>	ZIP CODE <b>02807 -0895</b>	CITY <b>Block Island</b>
			STATE <b>R.I.</b>
			ZIP CODE <b>02807-0895</b>
SECRETARY NAME <b>Jamie M. Rose</b>		TREASURER NAME <b>Judith B. Rose</b>	
STREET ADDRESS <b>Roslyn Road</b>		STREET ADDRESS <b>Roslyn Road</b>	
CITY <b>Block Island</b>	STATE <b>R.I.</b>	ZIP CODE <b>02807 -0895</b>	CITY <b>Block Island</b>
			STATE <b>R.I.</b>
			ZIP CODE <b>02807 -0895</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME <b>NONE</b>		DIRECTOR NAME <b>NONE</b>	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	CITY
			STATE
			ZIP CODE
DIRECTOR NAME <b>NONE</b>		DIRECTOR NAME <b>NONE</b>	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	CITY
			STATE
			ZIP CODE
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES			ISSUED SHARES
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES
			CLASS / SERIES
			PAR VALUE
<b>8,000 SHS COM NO PAR VAL</b>			<b>100</b>
			<b>Common</b>

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  
report, including any accompanying schedules and statements, and  
all statements contained herein are true and correct.

**Judith B. Rose**  
Signature of Officer

**Judith B. Rose**  
Print or Type Name of Officer

**Vice President**  
Title of Officer

**1-23-96**  
Date

File Date:

**1/23/96**

Check No:

**536**

By:

**[Signature]**

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

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  
Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

0059974

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Rose Farm Inn Rentals, Inc.

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office: \_\_\_\_\_

\_\_\_\_\_ N/A \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Roslyn Road

Block Island, R.I. 02807-0895

Phone: (401) 466-2021

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island.

To provide accomodations to the general public and conduct general hotel, motel restaurant and cafe business.

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Robert E. Rose Roslyn Rd. Block Island, R.I. 02807-0895

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Judith B. Rose Roslyn Rd. Block Island, R.I. 02807-0895

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

Jamie M. Rose Roslyn Rd. Block Island, R.I. 02807-0895

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

Judith B. Rose Roslyn Rd. Block Island, R.I. 02807-0895

**THE NAMES OF THE DIRECTORS ARE:**

NAME STREET ADDRESS CITY/STATE ZIP CODE

None

NAME STREET ADDRESS CITY/STATE ZIP CODE

None

NAME STREET ADDRESS CITY/STATE ZIP CODE

None

NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series Number of Shares Class / Series

8,000 Common 100 Common

Date 9 January 1995, 19

By: Judith B. Rose

Judith B. Rose  
PRINT OR TYPE NAME OF OFFICER SIGNING

Vice President/Treasurer  
TITLE OF OFFICER SIGNING

Form 3 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

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

ROBERT E. ROSE  
ROSLYND ROAD  
P.O. BOX E  
BLOCK ISLAND RI 02807

FILED

JAN 11 1995

*[Handwritten signature]*  
4/9/12

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
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

File Annually  
I.L.C. Sept. 1 - Nov. 1  
CORP. Jan. 1 - March 1

Corporate ID: 0059974 Annual Report for the year: 1994

Name of Business Entity: Rose Farm Inn Rentals, Inc.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:  
N/A

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Roslyn Road

Block Island, RI 02807-0895

Phone: ( 401 ) 466-2021

Business Entity is (check one).

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Judith B. Rose/ Vice President

P.O. Box E, Roslyn Road

Block Island, R.I. 02807-0895

Brief statement of the character of business conducted in Rhode Island:  
To provide accomodations to the general public  
and conduct general hotel, motel, restaurant  
and cafe business.

Date of Organization: April 9, 1990

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
<u>Robert E. Rose</u>	<u>Roslyn Road</u>	<u>Block Island, R.I.</u>	<u>02807-0895</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
<u>Judith B. Rose</u>	<u>Roslyn Road</u>	<u>Block Island, R.I.</u>	<u>02807-0895</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
<u>Jamie M. Rose</u>	<u>Roslyn Road</u>	<u>Block Island, R.I.</u>	<u>02807-0895</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
<u>Judith B. Rose</u>	<u>Roslyn Road</u>	<u>Block Island, R.I.</u>	<u>02807-0895</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>NONE</u>			
<u>NONE</u>			
<u>NONE</u>			

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 8000

CLASS Common

SERIES

PAR VALUE OR  
WITHOUT PAR 1.00

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR  
WITHOUT PAR 1.00

Date 22 January, 19 94

By: Judith B. Rose

Judith B. Rose

PRINT OR TYPE NAME OF OFFICER SIGNING

Vice President/ Treasurer

TITLE OF OFFICER SIGNING

**FILED**

**FEB 23 1994**

By: 441773

Filing Fee \$50.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

3891

Corporate ID 0059574 Annual Report for the year 1993

FIRST: The name of the corporation is Rose Farm Inn Rentals, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To Provide accommodations to the general public and conduct a general motel, hotel, restaurant and cafe business.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island Roslyn Rd. - Box E, Block Island, R.I. 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
none	Director	
	Director	
	Director	
Robert E. Rose	President	Roslyn Rd., Block Island, R.I. 02807
Judith B. Rose	Vice President	" " " " " "
Jamie M. Rose	Secretary	" " " " " "
Judith B. Rose	Treasurer	" " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	common		1.00

PAID

FEB 08 1993

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		1.00

SEC'Y OF STATE

Dated January 30 19 93

Rose Farm Rentals, Inc.

(Name of Corporation)

By Judith B. Rose

(Report must be signed by an officer)

Title Vice President

Filing Fee \$50.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

OV 357-3

Corporate ID 0059974 Annual Report for the year 1992

FIRST: The name of the corporation is Rose Farm Inn Rentals, Inc.

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THIRD: Character of business, briefly stated, is To Provide accommodations to the general public and conduct general hotel, motel, restaurant and cafe business.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island Roslyn Rd. - Box E, Block Island, R.I. 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Robert E. Rose	President	Box E., Block Island, R.I. 02807
Judith B. Rose	Vice President	Box E., Block Island, R.I. 02807
Jamie M. Rose	Secretary	Box E., Block Island, R.I. 02807
Judith B. Rose	Treasurer	Box E., Block Island, R.I. 02807

SEVENTH: Number of Shares authorized:

No. of Shares  
8000

Class  
common

Series

PAID

Par Value  
or statement that  
shares are without  
par value  
1.00

FEB 13 1992

EIGHTH: Number of Shares issued:

No. of Shares  
100

Class  
common

Series

SECY OF STATE

Par Value  
or statement that  
shares are without  
par value  
1.00

Dated Feb. 2 19 92

Rose Farm Inn Rentals, Inc.

(Name of Corporation)

By

Judith B. Rose

Title

V.P.

(Report must be signed by an officer)

Filing Fee \$50.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 55974 Annual Report for the year 1991

FIRST: The name of the corporation is Rose Farm Inn Rentals Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To provide accommodations to the general public and conduct general hotel, motel, restaurant and cafe business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

P.O. Box E, Roslyn Rod Block Island RI 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>None</u>	<u>Director</u>	
	<u>Director</u>	
	<u>Director</u>	
<u>Robert E. Rosa</u>	<u>President</u>	<u>P.O. Box E, Roslyn Rod, Block Island</u>
<u>Judith B. Rose</u>	<u>Vice President</u>	<u>P.O. Box E, Roslyn Rod, Block Island</u>
<u>Jamie Marie Rose</u>	<u>Secretary</u>	<u>P.O. Box E, Roslyn Rod, Block Island</u>
<u>Judith B. Rose</u>	<u>Treasurer</u>	<u>P.O. Box E, Roslyn Rod, Block Island</u>

SEVENTH: Number of Shares authorized:

No. of Shares 8000 Class Common

Par Value  
or statement that  
shares are without  
par value  
1.00

EIGHTH: Number of Shares issued:

No. of Shares 100 Class Common

Par Value  
or statement that  
shares are without  
par value  
1.00

Dated 3-30 19 91

Rose Farm Inn Rentals Inc.

(Name of Corporation)

By Judith B. Rose

Title V. Pres.

(Report must be signed by an officer)