

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

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

Matthew A. Brown, Secretary of State

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) 2. Name of Corporation 1. Corporate ID No 59974 Rose Farm Inn Rentals, Inc. 3. Street Address Principal Business Office State 1005 0280 4. Business Phone No. 5. State of Incorporation G. SIC Code RHODE ISLAND 7096 f Description of the Character of Business Conducted in Roode 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) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name 0 h e Judith Street Address Zφ Jamie Siron Address Street Address 02807 Islan 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name none more Street Address Street Address City State Z.ip City State Zip Director Name Director Name none none Street Address City State ZIP City State ZΦ 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 Gass/Series Par Value 8,000 COMM NO PAR VALUE 100 none common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	2-16-05
File Date _	9700
Check No	2
Ву:	
ř	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm the	•
including any accompanying schedules and state contained herein are true and correct.	ments, and that all statem
Audith B. Rose Signature of Officer	2-13-05
Signature of Officer	Date
Judin B. Rose	
Print or Type Name of Officer	
Vice President	
Title of Officer	Form 630 Rev 12/03



Edward S. Inman, III, Secretary of St. Corporations Divisi 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

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PLEASE REAL INSTRUCTION
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Title of the control	y 1 = 1.1 m 1 c 1.	11111 1 LE. \$30.00			UNSTRUCTION
(FORM MUST BE TYPED OR PRIN	TED IN BLACK)				
1. Corporate ID No.	2. Name of Corporati				•
59974		n Rentals, Inc.			
3. Street Address Principal Busines. 1005 ROSIYA R 4. Business Phone No.	રત	5. State of Incorporation	Block Island	Stote RI	02807 6. SIC Code
7. Dief Description of the Characte	'3 4 er of Business Conducted in en al LATEO	RHODE ISLAND Rhode Island To Prot matel	lide accomp dation. Liant and lafe l	s to The genera	l public an
2 NAMES AND ADDRES	ere or tur orru	move, senue	icasu am cape e	weiners,	
President Name	SSES OF THE OFFIC	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BE	FORE USING ATTACHMI	ENTS
Robert E.	Rose		Judith B. A	2056	
Street Address 1805 ROS/Yh	Rd		Street Address ROSlyn	Rd	
Block Island	State $RI$	<sup>219</sup> 02807	Block Island	State RI	02807
Secretary Name  Tamil M.	Rose		Treasurer Name  Judith B.  Street Address	ROSE	
Street Address 1005 ROS/V	n Rd		1005 Roslyn	Rd.	
Block Island	T A	02807	Block Island	State	02807
9. NAMES AND ADDRES Director Name	SSES OF THE DIRE	CTORS ("X" BOX FOR ATT.	ACHMENT) FILL IN SPACES E	DEFORE USING ATTACH	MENTS
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
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM NO PAR VA	ALUE		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 * 2·11·03
File Date:	8069
By:	ND
	RY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm	that I have examined
this report, including any accompanying sche	dules and statements, ar
that all statements contained herein are true a	and correct.
Sudith B. Peoce	02-08-03
Signature of Officer	Date
Judin B. Rose	
A 1	

V Pres	F 610	
rint or Type Name of Officer		



Edward S. Inman, III, Secretary of St. Corporations Divisio 100 North Main Street, Providence, RI 02903-135 401-222-30-

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002



riting rerioa: january	/ I - March ] •	Filing Fee: \$50.00			INSTRUCTIO
(FORM MUST BE TYPED IN BLA	ICK)				
1. Corporate ID No.	2. Name of Corporal				
59974	Rose Farm I	nn Rentals, Inc.			
3. Street Address Principal Business			City	State	Zip
1005 ROSlyx	1 121		Block Islan	nd $RI$	02807
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 466-20:	34	RHODE ISLAND			7096
7. Brief Description of the Character	of Business Conducted in	Rhode Island To Prove	de accomoda	trom to me per	ural public
and conduct a	a general	notel, mitel	, restaurant	tion to me gen and cafe busin	C55,
O. MAMES AND ADDRES	SES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE	S BEFORE USING ATTACHM	IENTS
President Nome			Vice President Name		
ROBENT EI R			Judith 1	3. Kose	
1005 Roslyn	Rd		1005 ROSI	lyn Rd	
Block Island	RI	02807	Block Isla	and since RI	02807
Jamie M.	Rose		Treasurer Name	B. Rose	, ,
Street Address	-		Street Address		
1005 ROS/yn	Rd	21-	1005 ROS	slyn Rd	
Block Island		"02807	Block Isla	and siete R. I	71902807
9. NAMES AND ADDRESS	SES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPAC	CES BEFORE USING ATTACH	IMENTS
Director Name			Director Name		
none			non	<u></u>	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Marie V		
none.			Olrector Name	_	
Street Address			Street Address	_	
			July Man())		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI	) ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
ALTHORIZED SHARES			ESPURITO CETURES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM NO PAR VAI	LUE		100	common	none

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

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.
Auduth 13. Jean 12-31-01
Jud: Th B. ROSE Print or Type Name of Officer
Title of Officer
5 Form 630 12/01

Corporations Divi. 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) L. Corporate ID No. 2 Name of Corporation 59974 Rose Farm Inn Rentals, Inc. 3. Street Address Principal Business Office Block Island State RI Roslyn Business Phone No 5. State of Incorporation 401) 466-2034 RHODE ISLAND To provide accompidations To The several public I Brief Description of the Character of Business Conducted in Rhode Island To provide accomodations To The go, and conduct & general hotel, motel restaurant & cafe luciness. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Judith B. Rose Robert E. Rosie. Street Address Street Address Rosina Rd Roslyn Rd Block Island Deasurer Name M. Rose Jamie Judith Street Address Block Island Block Island 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 City Zip \* State Zip Director Nume Director Name none None Street Address Street Address City State State Zip 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 8,000 SHS COM NO PAR VAL None. 100 Common

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

	* 5 9 9 7 4 *	Under penalty of perjury, I declate and affirm that I have examined
File Date.		this report, including any accompanying schedules and statements, as that all statements contained herein are true and correct.
Check No.	7704	Judith B. Rose
By:	OF STATE USE ONLY	Print of Type Name of Officer  Vice President  Title of Officer



James R. Langevin, Secretary of S Corporations Divi 100 North Main Street, Providence, RI 02903-1 401-222-:

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

\$10 11 W. 21 18 W. 11 B

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2 Name of Cooperation
Rose Farm Inn Rentals, Inc. 3. Street Address Principal Business Office State Roslyn Rd. Block Island R.I. 4. Business Phone No RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TC 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 Robert E. Rose Judith B. Rose Street Address Street Address Roslyn Rd. Roslyn Rd. City State State Block Island R.I. Block Island R.I. Secretary Name Treasurer Name Jamie M. Rose Judith B. Rose Street Address Street Address Roslyn Rd. Roslyn Rd. City State State Block Island R.I. Block Island R.I. 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 State 02807 02807 Director Name Director Name none none Street Address Street Address City State City State 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 8,000 SHS COM NO PAR VAL 100 common none

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



File Date	12-23-99	
Check No.:	7204	
Ву:	AMF	
FOR SECRETAR	V OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a that all statements contained herein are true and correct.

Supplement of Officer

Date

Judith B. Rose

Print or Type Name of Officer

Vice President

Title of Officer



James R. Langevin, Secretary of S Corporations Divis 100 North Main Street, Providence, RI 02903-1

### 401-222-3

### PROFIT CORPORATION ANNUAL

(FORM MUST BE TYPED IN		75 1 5 W 15 15 15 15 15 15 15 15 15 15 15 15 15				
1. Corporate ID No.	2. Name of Corpor		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	==
. Street Address Principal Bus		inn Rentals, Inc.	an nasking on his bereit en de bestelle en	es en grande de la Francia.		
Roslyn Rd			Block Island	State R · I ·	<i>Σφ</i> 02807	
4. Business Phone No		5 State of Incorporat		K • I •	6 SIC Code	
(401)466-2 7. Brief Description of the Cha		RHODE ISL	<b>AND</b> rovide accomodatio	ns to the de	7096	lic
and conduc	t a general	hotel, motel	restaurant and ca	fe business.	· · · · · · · · · · · · · · · · · · ·	
8. NAMES AND ADD! President Name	RESSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES B	EFORE USING ATTAC	CHMENTS	<b>3</b> 7.
Robert E. Street Address	Rose		Judith B. R Street Address	ose		
Roslyn Rd.			Roslyn RD.			
Cuty	State	Zip	City	State	Zip	
Block Isla Secretary Name		02807	Block Island Treasurer Name	RI	02807	
Jamie M. R Street Address	ose		Judith B. R Street Address	ose		
Roslyn RD.			Roslyn Rd.			
City	State	Zip	City	State	Zip	
Block Isla		02807	Block Island	RI	02807	
9. NAMES AND ADDI Director Name	RESSES OF THE DIR	ECTORS ("X" BOX FOR.	ATTACHMENT) FILL IN SPACES  Director Name	BEFORE USING ATT	ACHMENTS	
none			none			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			• • • •
none			none			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
10. SHARES AUTHORI	IZED (*X* BOX FOR ATT	TACHMENT)	11. SHARES ISSUED (*x	BOX FOR ATTACHMENT	r)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	_
8,000 SHS COM N	NO PAR VAL		100	common	none	

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

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File Date: _	13/99
By	6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FOR SECRETARY OF ST	TATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, as
that all statements contained herein are true and correct.
Supplier of Officer B. Pape 1-11-99
Print or Type Name of Officer
Vice President
Title of Officer



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of Si Corporations Divis 100 North Main Street; Providence, RI 02903-1.



#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

1 Corporate ID No 2. Name of Corporation 59974 Rose Farm Inn Rentals, Inc. 3. Street Address Principal Business Office City State Zip Roslyn Road 02807-0895 Block Island ŔΙ 4. Business Phone No. 6. SIC Code 7096 RHODE ISLAND (401)466-2021 ---· 3 / 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) Vice President Name Robert E. Rose Judith B. Rose Street Address Street Address Roslyn Road Roslyn Road City State Zip City State Block Island 02807-089 Block Island RI 02807-0895 RI Secretary Name Treasurer Name Jamie M. Rose Judith B. Rose Street Address Street Address Roslyn Road Roslyn Road City State Zip State Zip 02807-0895 02807-0895 Block Island RI Block Island RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE NONE Street Address Street Address City State Zip City State 7.10 Director Name Director Name NONE NONE Street Address Street Address City State Zip CIN State Zip 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 8,000 SHS COM NO PAR VAL

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

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	* 5 9	3 / 4 ·
File Date:	1-1.98	19/11
Check No.: _	6282	
Ву:	WP	
	ARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, ar that all statements contained herein are true and correct. Significure of Officer

Common

Judith B. Rose Print or Type Name of Officer

Vice President

Title of Officer



FOR SECRETARY OF STATE USE ONLY

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

James R. Langevin, Secretary of St. Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-277-30

STOP:

PROFIT CORPORATION, ANNUAL REPORT 1997

Filing Period: January	l-March 1 . •	Filling Fee: \$50.00	10.00	The second	INSTRUCTION	
(FORM MUST BE TYPED IN BLAC	W Branch	衛 测期一张重新 正型粉料		Market to Car	COMPLIAN	
1. Carporate ID No.	2. Name of Corporation					
59974	Rose Farm	inn Rentals, inc.				
3. Street Address Principal Business C	office of the contract	and the second to	Block Island	State 15	Zip with	
Roslyn_R	oad <u> </u>		Block Island	RI	<u> </u>	
4. Business Phone No.	क अधिकारण । अधिक के अधिकार -	S. State of Incorporation .	in the street of		6. SIC Code	
(401)_466-202  7. Brief Description of the Character	1	RHODE ISLAND	<del></del>		7096	
		10 PIOA	ide accomodation	is to the g	eneral public	
8. NAMES AND ADDRESS	eral_note;	L,_motel_restau CFRS(************************************	rant_and_cafe_bu	ısıness		
President Name		CERS ( A BOX FOR ATTACH	· Vice President Name			
Robert E. Rose			Judith B. Rose	2		
Street Address		<del></del>	Street Address		<del></del>	
_Roslyn Road			Roslyn Road			
City	State	Zip	City	State	Zip	
Block Island Secretary Name	! RI	02807	Block Island	RI	02807	
·			Treasurer Name			
Jamie_MRose_		<del></del>	Judith_BRose Street Address	<sup>9</sup>	<del></del>	
Roslyn_Road			· :			
City	State	Zip	Roslyn_Road	State	Zip	
Block Island	RI	02807-0895	Block Island	RI	02807-0895	
9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT)			
Director Name			Director Name			
None	<del></del>	<del></del>	None			
Street Address			Street Address			
City	State	T <sub>Zip</sub>	City	·		
		2.7	City	State	Zip	
Director Name	1		Director Name	:.[	·t	
None			None			
Street Address			Street Address	<del></del>		
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City	State	Zip	City	State	Zip	
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10. SHARES AUTHORIZED	YND 1220FD (-	X BOX FOR ATTACHMENT)				
Number of Shares	Class/Series	Par Value	: BSUED SHARES : Number of Shares	Class/Series	Par Value	
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8,000 SHS COM NO P	AR VAL		100	Common		
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This report must be signe	<b>d in ink</b> by eith	er the President. Vice P	resident, Secretary, Assista	nt Secretary, Treas	surer. Receiver or Trus	
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			•			
+ 5	9 9 7 4	#	Under penalty of perjui	ry, I declare and affir	m that I have examined	
					hedules and statements, as	
1/2/9-	7		that all statements con-	tained berein are tru	e and correct.	
File Date:	<u>'</u>		( 1) H		13/36/01	
Charles 5807			Signature of Officer	-10	Bate 7 6	
Check No.:			Robert E. Re	/ nse		
8y:(OS)			Print or Type Name of Office			

President
Title of Officer

12/26/96

#### **PROFIT CORPORATION ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantatic James R. Langevin, Secretary of State Corporations Division 100 North Main Street

Providence, Rhode Island 02903-1335 • (401) 277-31

Filing Period: January 1-March 1

Filing Fee: \$50.00

File Date:

1. CORPORATE ID NO	2 NAME OF CORPORATION	PLEASE TYPE OR PRI	NT IN BLACK INK.	·····	
59974		arm Inn Rentals,	Inc.		
3 STREET ADDRESS PRINCIPAL BUSINESS	OF ROS		апу	STATE	73º COOK
Roslyn Road			Block Island	R.I.	02807 -0895
4 BUSINESS PHONE NO		5. STATE OF INCORPORATION  RHODE ISLA			6 SrC 000E
(401) 466-2021	(401) 466-2021 RHODE 1SL				7096
To provide acc	omodations to t cafe business.	he general public	and conduct ge	neral hotel, mo	tel
	8. H A N	ES AND ADDRES	SES OF THE O	FFICERS	
Robert E. Rose			r vice messournume Judith B. R	ose	
STREET ADDRESS			STREET ADDRESS	····	<del></del>
Roslyn Road			Roslyn Road		
Block Island	STATE R.I.		, Block Island	STATE R.I.	ZIP COO€ 02807-0895
SECRETARY HAME		**************************************	TREASURER HAME		<del></del>
Jamie M. Rose			Judith B. R	ose	
STREET ADDRESS		<del></del>	STREET ADDRESS	<del></del>	
Roslyn Road			Roslyn Road		
লা Block Island	R.I.	2 2 00€ 02807 −0895	Block Islan	STATE R . I .	7₽ 000€ 02807 -0895
	9 NAN	ES AND ADDRES	SES OF THE O	I'R E C T O R'S	
DÍRECTOR NUME	شعیفیمی و در مصود به مصافحه		DIRECTOR HAVE	يسير والبيدان والباد في المواد معالم محمد و	
NONE		<u></u>	NONE		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	ary	STATE	ZP 000€
****	-		· · · · · · · · · · · · · · · · · · ·		
OPECTOR NAME NONE			DIRECTOR HAME		
STREET ADDRESS		·	NONE STREET ADDRESS		<del></del>
with make the second second			STREET REALITESS		
CITY	STATE	Ze 000°C	CTY CTY	Sint	) DP COCC
		1			1
	10 S H	ARES AUTHORIZ	ED AND ISSUE	<del></del>	
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8,000 SHS	COM NO PAR VAL		100	Common	
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		<u> </u>	<u></u>		
Pre		report must be SIGNI ent, Secretary, Assistar	nt Secretary, Treasure Under penalty	r, Receiver or Truster of perjury, I declare and a	e affirm that I have examined edules and statements, and
. ,		-1	all statements	contained herein are true	and correct,
1/12/	26	:	Judith B.	Rose /////	UN BILLAGE

Title of Officer **DETACH BOTTOM BEFORE RETURNING** 

Signature of Officer

Judith B. Rose
Print or Type Name of Officer

Vice President

Date FORM 31 12/95

1-23-96

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

Compress ID

ANNUAL REPOR

Please Type or Pri File Annually – Jan. 1 - March Filing Fee \$50.0

Make Checks Payable to: Secretary of Sta

## ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. 1995

Rose Farm Inn Rer			ear:		
Name of Corporation:  Business entity organized under the laws of the State of: Rhode Island  Business Entity is (continuous properties)  Every foreign entity, address and telephone number of principal office:  N/A  Business Entity is (continuous properties)  KX   Business Corp			check one): oration (See RIGL Chapter 7-1.1) ervice Corporation (See RIGL Chapter 7-5.1) ne character of business conducted in Rhode Island. accomodations to the general		
Address and telephone of the principal office of business entity in Rhode			conduct general		
Island (Provide street address - Not P.O. Box):  Roslyn Road		restaurant and cafe business.			
Block Island, R.I. 02807-0895	······································				
Phone. (401 ) 466-2021			*		
THE NAME	S OF THE C	OFFICERS ARE:	<del>-</del>		
PRESIDENT	SIREET ADDRESS OSlyn Rd.	·	CITY/STATE	77 CO!	
·	STREET ADDRESS		Island, R.I.	02807-0895	
	oslyn Rd.		Island, R.I.	02807-0895	
	STREET ADDRESS		CHY/STATE	Z;P COI	
<del></del>	oslyn Rd.	Block	Island, R.I.	02807-0895	
	oslyn Rd.	Plack	Island, R.I.	72P COI	
THE NAMES		IRECTORS ARE:	Island, K.I.	02807-0893	
	STREET ADDRESS		CITY/STATE	ZJP COI	
Name None	STREET ADDRESS		CHYSTATE	ир сој	
Name None	STREET ADDRESS	<del></del>	CITYSTATE	zi <del>r co</del> i	
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NU	MBER OF SHARES IS	SUED AND OUTSTAND	ING (Rider may be attached)	
Number of Shares Class / Series	Nu	mber of Shares	Class / Series	·	
8,000 Common		100	Common		
Date 9 January 1995 , 19	···	dith B. Rose	Andith 1	B. Pasee	
		AME OF OFFICER SIGNING	Vice President	/Treasurer	
	ED AGENT	FOR SERVICE O	F 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

JAN 1 1 1995

Filing Fee \$50.00 Payable to Secretary of State

#### PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

## State of Rhode Island and Providence Plantations Office of The Secretary of State

Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	0059974	/	Annual Report for the	e year:	1994	
Name of Business Entity	· :		Rose Farm 1	nn Rentals	, Inc.	
Federal Taxpayer Identificate For foreign entity, address at	der the laws of the State of: Rhockion Number:	P	[ ] Profes [ ] Limite  Name, title and macommunications n	ess Corporation (See sional Service Corporated Liability Company uling address of contray be directed:  3. Rose/ Vice CE, Roslyn I	ration (See R (See RIGL 7 act person to Presiden	IGI. Chapter 7-5.1) (16) whom nt
Island (Provide street addres	e principal office of business entity is Not P.O. Box) n Road Island, RI 02807-08		Brief statement of To provide a	the character of busing accommodations	ness conducte	ed in Rhode Island: general public
Phone. ( 401 )466-			and cafe bus Date of Organizat Date of Qualificat	=	1990 Rhode Island	
CHIEF EXECUTIVE OFFICER OF	THI	NAMES OF THE STREET ADD	E OFFICERS ARI	CITY/STATE		ZIP CODE
Robert E. Ro    CHIEF OPERATING OFFICER OF   Judith B. R   CUSTODIAN OF RECORDS OR   Jamie M. Ro	K 🙀 VICE PRESIDENT (Check One)  OSE  GS SECRITARY (Check One)	Roslyn Ros STREET ADD ROSlyn Ros STREET ADD Roslyn Ros	ness ad	Block Island Block Island CHYSTATE Block Island	d, R.I.	2IP CODE 0 2807 - 0895 2IP CODE
Judith B. R	R TREASURER (Check One) OSE	STREET ADD Roslyn Roa	RESS	CITY/STATE Block Islan	d, R.I.	02807-0895
NON NAME NON	E	STREET ADD STREET ADD STREET ADU	RESS	CITY/STATE  CITY/STATE		ZIP CODE ZIP CODE
NUMBER OF SHARES A	AUTHORIZED (If Applicable)		NUMBER OF SHAF	RES ISSUED AND C	UTSTA <u>NDI</u>	NG (If Applicable)
NUMBER 8000 CLASS Common	· - ———		NUMBER  CLASS  SERIES	100 Fi	8 2 3 19 4	94 41773.
PAR VALUE OR WITHOUT PAR 1.	00	<u>-</u>	PAR VALUE OR WITHOUT PAR	1.00		
Date 22 January	, <u></u>		Judith B.  Judith B.  YPE NAME OF OFFICER SIGN:  Vice Presi	Rose		Rose

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

# State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE. RHODE ISLAND 02903

Corporate ID.	/4	Annual Report for the year	<u> 1983</u>
First: The name of the corporation is		Rose Farm Inn Rentals.	inc.
	· .	·	
•	•	Rhode Island	
THIRD: Character of bus	iness, briefly stated, is	To Provide accommodations t	o the general
public and conduc	t a general motol,	notel,restaurant and cafe busin	ess.
FOURTH: If foreign corporate	oration, address of its p	rincipal office	
FIFTH: Business address	in Rhode Island	Roslyn Rd Box E, Block	Island, R.I. 02807
Sixth: Names and address	esses of its directors and	l officers: Address (including number, stree	(Attach rider if necessary)
none	Director		
	Director		
	Director		
Robert E. Rose	President	Roslyn Rd., Block Island	d, R.I. 02807
Judith B. Rose	Vice Preside	ent """"""""	11 11
Jamie M. Rose	Secretary	11 11 11	п п
Judith B. Rose	Treasurer	н н н	
SEVENTH: Number of Sh	ares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
8,000	common	PAID	1.00
EIGHTH: Number of Sha	ras issuade	FEB 0 8 1993	Par Value
			or statement that shares are without
No of Shares	Class Common	Series	par value 1.00
	· · · · · · ·		
Dated January 30	19	Rose Farm Rentals, I	nc.
	ī	(Name of Corporation)  Ry  Madith B Page	
(Report must be signed	hy an officer)	Title Vice President	
Form 31 1/85	o, en onico,		************************************

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		Annual Report for the year 1992		
First: T	he name of the corporatio	n is	Sasa Farm Inn Rant:	
•	Ruga .		en la reconstrucción de la construcción de la const	
SECOND:	It is incorporated under t		Rhode Island	
THIRD: (	Character of business, brief	ly stated, is	To Provide accommodations	
public a	and conduct general he	otel, mote	1, restaurant and cafe busin	ess.
FOURTH:	If foreign corporation, ad	dress of its p	orincipal office	
Fігтн: В	Jusiness address in Rhode I	sland Ro	slyn Rd. – Box E, Block Isla	nd, R.I. 02807
Sixth: N	Names and addresses of its	directors and	d officers: Address (including number	(Attach rider if necessary)
		Director		
***************************************		Director		
************	•••••••••••••••••••••••••••••••••••••••	Director		
Rcbert E.	Rose	. President	Box E., Block Island, R	.I. 02807
Judith B.	Rose	. Vice Presid	ent Box E,, Block Island, R	.1. 02807
Jamie M.	Rose	. Secretary	Box E., Block Island, R	. I. 02807
Judith B.	Rose	Treasurer	Box E., Block Island, R	.1. 02807
Seventh:	Number of Shares author	rized:		Par Value or statement that shares are without
No. of Share BOOO	es Class Common		PAID	par value 1.00
			FEB 1 3 1992	
Еібнтн:	Number of Shares issued:		SEC'Y OF STATE	Par Value or statement that
No of Share 100	rs Class Common	·	Series	shares are without par value  1.00
Dated	We 2 19	92	Rose Farm Inn Rent (Name of Corporation)  By Judith B. Ja	als, Inc.
(Rep	port must be signed by an office	r)	Title 1. 33	

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

# Jan State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID579/18		Annual Report for the	e year <sup>1991</sup>
FIRST: The name of the	corporation is Rose	Farm Inn Rentals In	)C.
SECOND: It is incorporat	ed under the laws of		
THIRD: Character of bus general public and	iness, briefly stated, is cenduct general	To provide accomm hotel, motel, resta	odations to the Jurant and cafe busin
FOURTH: If foreign corporate	oration, address of its prin	ncipal office	
FIFTH: Business address	n Rhode Island		
P.O. Box E. Roslyn	Rod Block Islan	d RI 02807	
SIXTH: Names and address	esses of its directors and o		(Attach rider if necessary)
None	Director		
	Director		
······································	Director		
Robert E. Rosa	President	F.O.Box E, Rosly	n Rod, Block Island
Judith B. Rose	Vice Presiden	t P.G.Box E. Rosly	n Rod, Bolck Island
Jamie Marie Rose	Secretary	P.O.Box E. Rosly	n Rod, Block Island
Judith B. Rose	Treasurer	P.O.Box E, Rosly	n Rod. Block Island
SEVENTH: Number of Sh	ares authorized:		Par Value
No. of Shares BOOO	Class Common	SEC'Y OF STATE	shares are without  par value
EIGHTH: Number of Sha	res issued: Rec	CASTING APR 05 199	Par Value or statement that shares are without
No. of Shares 100	Class Common	Series	bar value
Dated 3-30		Rose Farm Inn Renta amo of Corporation)	als Inc.
	Ву	1 141 0 %	gee.
(Report must be signed	by an officer) Ti	ile / Lold,	······································