

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

Corporations Diet 100 North Main Se

	lthew A. Brown. Secre 				Providence, RI 0297 401-22
		ANNUAL REPO	RT FOR THE Y	'EAR20	
(FORM MUST RE TYPE	ED OR PRINTED IN BIACK)				
1. Corporate ID No. <b>86391</b>	≥ Name of Co Stanfield	Corporation			<del></del>
3. Sinvi Address Principe	al Business Office		City	<del> </del>	
4. Business Phone No.	Gy Street		Newport	State RI	02840
	-5438	5. State of Incorporation	OH .		6 SIC Code
7 Brief (Ascription of the REAL ESTATE	Ourneter of Business Condu AND FINANCIAL INVES	RHODE ISLAN	ID	<del></del>	7096
•		ICERS: ("X" BOX FOR AT		. IN SPACES BEFORE USIN	G ATTACHMENTS
DAVI Street Address	D DROOKE	R	Vice President Name		
59	Kay Street		Street Address		
Newport	State RI	Zip 02840	City	State	Zip
Secretary Name		• • • • • • • • • • • • • • • • • • • •	Treasurer Name		
invel Address	rina Droo	ker	Ma	rina Drooke	·-
	ame		Street Address		
Tity	State	Zip	Gliy	same	
NAME OF THE		Į i	<b>:</b>	State	Zip
		 CTORS: ("X" BOX FOR A	TTACHMENT) 📙 FIL	l L IN SPACES BEFORE USI	NG ATTACHMENTS
Dav	id Drooke,	_	: Director Name		
reel Address			Street Address	arina Drook	<u>e                                    </u>
	me		Sirter Authors	same	
uy	State	Zφ	City	State	710
inctor Name	L	J	***************************************		Zip
_			Director Name	••••••••••	
revi Address			Sinvi Address		
ty	<del></del>		Sirty Anniess		
it.	State	Zip	City	State	Zip
D. SHARES AUTHOR JTHORIZED SHARES	RIZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACH,	 MENT) []
onther of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares		
8,000 NO PAR VALU	<u></u> IE			Class/Serries	Par Value
		<del></del>	1000	Common	no par
<b>—.</b> .		cither the President, Vice I		ſ	ī

1-19:05

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that 1 had including any accompanying schedules and statement contained herein are true and correct.	ave examined this reports, and that all statements
Davids. Domber	1.16.05
Signature of Officer	Date
DAVID S. DROOKER	
Print or Type Name of Officer	



STATE OF RHODE ISLAND AND PROVIDENCE VENT PAINTINGS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Dies: 100 North Mair: St Providence, Rt 02903-1 401.222.3

Form 630 Rev. 12/03

2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 86391 Stanfield Corporation 3 Street Address Principal Business Office 59 KAY STREET NEWPORT RI 02840 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND scription of the Character of Husiness Conducted in Rhode Island AL ESTATE AND FINANCIAL INVESTMENTS. 7096 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name DAVID DRUOKER Street Address Secretary Name MARINA PARINA DROOKER Street Address Same City 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Drooker narina Street Address Street Address City Zip City Director Name Director Name Street Address Street Address City State Cin 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 NO PAR VALUE 1000 'ommon 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 this report including any accompanying schedules and statements, and that all statements contained herein are true and corres File Date JAN 05 2004 FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, eth. Acres († 1888) Corp. (2008) Dish 100 North Main Street, Providence, RI 02905-12 491-222-30

STOP PLEASE REAL INSTRUCTION

PROFIT CORI	PORATION y 1-March 1 •	ANNUAL RE	PORT FOR THE	YEAR _ 200	
(FORM MUST BE TYPED OR PRIN 1. Corporate ID No.					1NST R
86391 3. Street Address Principal Busines	Stanfield Co	rporation			
59 Kay			City	State	Zip
4. Business Phone No.		S. State of Incorporation	Newport	RI	0284
401 848-5		DUODE IOLAND			6. SIC Code
7. Brief Description of the Characte	er of Business Conducted in Lodging	Rhode Island			7096
8. NAMES AND ADDRES			WENT) FILL IN CO. C.		
			Vice President Name	EFORE USING ATTACH	MENTS
Street Address	Drooker	<b>-</b> ·	No	~E	
59 Kay	Street		Street Address		
New port	State 12 I	02840	City	State	Zip
Secretary Name	. 1	•	Treasurer Name		
Marina 1	srooker		Manin	a Drooke	<u>~</u>
Street Address 59 Kay 1	Street		Street Address		•
City		<b>9</b> :-	54 Ka	iy Street	
Newport	State RI	02840	Neupat	State RT	Zip
9. NAMES AND ADDRESS	SES OF THE DIREC	CTORS ("X" BOX FOR ATTAI	<b>,</b>	PEROPE LIGHE ATTACK	02876
David			Director Name	BEFORE USING ATTAC	HMENTS
Street Address	Drook	e-	marin	a Drooher	_
	above		Street Address		
City	State	Zip	See al	ore.	
		•	J.,	State	Zip
Director Name		. •	Director Name		
Street Address					
			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	) (*X* BOX FOR ATTACI	HMENT)	11. SHARES ISSUED (*x*	20 V 50 n	
AUTHORIZED SHARES			ISSUED SHARES	BUX FUR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			1000	Common	no par
					•

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



File Date:	1-14-03	
Check No.:	4791	
Ву:	2	
FOR SECRETAR	AN OF STATE LICE 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 horein are true and correct.

	is are true and Correct.
David & Short	er 1-10-03
Signature of Officer	Data

DAVID S. DROOKER

nt	or	T)·pe	Name	of	Officer		_	_
	ī	η.			( _	1		

Tille of Officer

Form 630 12/02

Edward S. Innian. 711, Secret to of St Cor mattern Divin 100 North Main Street, Providence, RI 92903-13.

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



OFORM	MUST	ЯE	TYPED	IN	BLACK)

1. Corporate ID No.

2. Name of Corporation

86391

Stanfield Corporation

3. Street Address Principal Business Office

59 Kay Street

5. State of Incorporation

**RHODE ISLAND** 

7096

401 848-5438 7. Bilef Description of the Character of Business Conducted in Rhode Island

Real Estate / Lodging Facilities

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

David S. Drooker

59 KAY ST

Newport

Marina M. Drooker

59 KAY ST

Newport SIGHT

FILL IN SPACES BEFORE USING ATTACHMENTS

ione

Street Address

State

Zip

Treasurer Name

Marina M. Drooker 59 KAY

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

Street Address

Director Name

Street Address

City

Marina M. Drooker

Dee above City

Street Address

avid S. Wrooker

City

See above

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

8,000 NO PAR VALUE

Number of Shares

Class/Series

Par Value

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

ESUEE) SHARES

Number of Shares

Class/Series

1000

Common

no par

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



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 compained herein apprive and correct.

3

Form 630 12/01

- Corporations Divis 100 North Main Street, Providence, RI 02903-1 401-2223

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1-March 1 . Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation
Stanfield Corporation 86391 3. Street Address Principal Business Office LCGGING / REAL ESTAIR INVESTMENT

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS David S.D. moker Alisa F. Drocker Kacy St Marina H. Drocker ina M. Drodker Newport 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) David S. Drocker Morre Street Address Cltv State Zip Director Name M. Brooker City State 7.1p 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 NO PAR VALUE none.

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

	* 8 6 3 9 1 *
File Date:	1/9
Check No.:	1730
Ву:	Ci
FOR SECRETARY	OF STATE LISE 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 here in are true and correct.
Foreigh S-1 man 1-6-01
Signature of Officer Date

Davia 7. Drooke	<u>ـ</u> ر
rint or Type Nume of Officer	
Proside +	

James B. Jongevia, Scaretary of Si Carporations Divis 103 North Main Street, Providence, RI 02903-1. 401-222-31

Filing Period: Janua	rý I-March 1 •	Filing Fee: \$50.00	ORI FOR I	±≞ ¥±A-R <u>2000</u>	PET AND RE
(FORM MUST BE TYPED IN B I. Carparate ID No.					
86391		Corporation			
3. Street Address Principal Busine 59 Kay S 4. Business Phone No.	ss office Street		Neuport	State	02840
40) 846-50 Rief Description of the Charac	ter of Business Conducted in	5. State of Incorporation  RHODE ISLAND  Rhode Island	,		6. SIC Code 7096
	Motels/R	eal Estate			
resident Name David Droc		CERS ("X" BOX FOR ATTACHE	MENT) FILL IN SPACE Vice President Name  \( \cap \cap \cap \cap \cap \cap \cap \cap	S BEFORE USING ATTACI	HMENTS
irreer Address			Street Address		
Newport	State I	<sup>z1</sup> , 02840	City	State	Zip
ecretary Name Marina D	rooker	02010	Treasurer Name Matina	Drooker	
treet Address Sa.M.			Street Address Same		
City	State	Zip	City	State	Zip
NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPA	CES BEFORE USING ATTA	CHMENTS
David Droo	ker		_	ne	
"" 59 Kay S?	treet		Street Address		
New Port	State RI	02840	City	State	Zip
Marina D	prooker		Director Name	2_	
1reel Address 59 Kay S			Street Address		
"Newpat"	State R <u>T</u>	02840	City	State	Zip
O. SHARES AUTHORIZI UTHORIZZI SHARES	ED (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PA	R VALUE		/000	Common	nopar
nis report must be sign	ned in ink hu aish.	er the President Vice n	ocidana Casassa	alanama Cora da T	
1/11/10	IEIO DINO IIIO MINI MATINI	er the President, Vice Pro	esident, secretary, As:	sistant Secretary, Treasui	er, Receiver or Trus
* (	8 6 3 9 1 *	.0 .5	this report, includi	perjury, I declare and affirm ling any accompanying sched contained begein are true a	lules and statements, ar

	* 8 6 3 9 1 *	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedule
File Date:	PAID WSgS	that all statements contained begin are true and
Check No.:	JAN 2 8 2000	Signature of Officer E
Ву:	SEC'Y OF STATE	Print or Type Name of Officer
FOR SECRETARY	OF STATF, USE ONLY	President

Junes R. Lengera, Secretary of St. Corporations Divis 100 North Main Street, Providence, RI 02903-12 401-272-30



(FORM MUST BE TYPED I		Filing Free \$50.00			ISSI IAT
1. Corporate ID No.  86391	2. Name of Corpo	ration Corporation			
. Street Address Principal B		·	City	State	Zip
59 KA	Y STREET		Newport	RI	0284
Business Phone No.  OA/ EA	\^^	5. State of Incorporatio	n	, , _	6. SIC Code
846-50 Bilef Description of the Ch	oracter of Business Conducted	RHODE ISLA	MU		709 <del>6</del>
the state of the car	Motels	Real Estate			
NAMES AND ADE		FICERS (*X* BOX FOR ATT)	ACHMENT) FILL IN SPACE	ES BEFORE USING ATTAC	CIII A C'h TENC
tsident Name			Vice President Name	S BEFORE USENG ATTAC	HMENIS
EDGVICI _	S. Drooke,			hone	
	Strect		Street Address		
" " " " " " " " " " " " " " " " " " "	<b>**</b> . <b>*</b> .	Zip	City		
vewport	RI	02840		State	Zip
retary Name			Treasurer Name		
MANNA eet Address	M. Drook	er		reaser Maira	H. Drocker
59 Kay	Street		Street Address		
r /	State	. Zio	City	Same	·
vewport	RI	02840	· Same	state Same	Zip ,
NAMES AND ADD	RESSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT)   FILL IN SPACE	CES BEFORE USING ATTA	CHMENTS
ector Name			Director Name		
et Address	none		Comment of the comment	none	
			Street Address		
r	State	Zip	: · City	· · State	Zip
	• • •		•		
ctor Name	2000		Director Name	**** * * **** *** ****** **	
MONE		; 	none	_	
			Street Address		
,	State	Zip	City	State	Zip .
SHARES AUTHOR	IZED ("X" BOX FOR ATT	ACHMENT)	11 SHARES ISSUED	<b>3</b> •	
HORIZED SHARES			SSUED SHARES	("X" BOX FOR ATTACHMENT	<del>-</del>
nher of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO P	AR VALUE		/ ۵/25	001 -1	:
-,			1000	one only	none

	* 8 6 3 9 1 *
File Date:	Felo 5,99
Check No.:	G02 /
Ву:	30. /a

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. DAVID S. DROOKER

James Eliangovio, Secretary of St Corporations Civis

100 North Main Street, Providence, \$1 02903-13

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$39.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 86391 Stanfield Corporation 3. Street Address Principal Business Office Cliv 5. State of Incorporation RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhade Island 7096 Lodging / Hospitality 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) \_\_ Vice President Name Marina Drooker Street Address 59 Kay St Newport Treasurer Name Mariha Drodger Street Address Kay St Newport 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Nume Director Name David Drooker Marina Drooker Street Address Street Address See above see above. City City State Director Name Director Name none none Street Address Street Address City State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARPS ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 8,000 SHS NO PAR VALUE 1000 Common no par vulue

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

	* 8 6 3 9 1 *
File Date:	1/23
Check No.:	214
Ву:	KIN
FOR SECRETARY O	F 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.

Iames R. Langevin, Secretary of Sta Ges 26 21.

100 North Mula Street, Providence, Rt 02903-133

## 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.

2. Name of Corporation

86391

Stanfield Corporation

3. Street Address Principal Business Office

59 Kay Street

Newport S. State of Incorporation

028**4**0

6. SIC Code 7096

4. Business Phone No. 401-848-5438

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

RHODE ISLAND

Real estate investment I Hotel operations

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

David S. Drooker

Vice President Name

59 Kay Street

Street Address

none

Newport

Zip

Marina M. Drooker

Newport

State

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

Marina M. Drooker

see above

Director Name

Street Address id S. Drooker

see above

Street Address

City

State

City

State

Director Name

Director Name

Street Address

Street Address

City

Zip

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

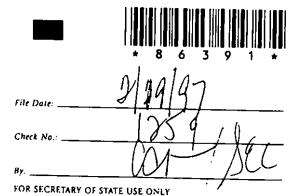
8,000 SHS NO PAR VALUE

1,000

common

no par

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 this report, including any accompanying schedules and statements, and that all statements contained hereja are true and correct.

## PROGRECOSPORATION OF THE PROGRECULARY OF THE P ANNIAL MERUHY

Filling Ferlod: January 1-March 1

Filing Fee: \$50.00



### State of Rhode Island and Providence Finaleties James & Lorger Correctory of State

Corporations Division 400 North Main Street

Providence, Rhode Island 02903-1335 • (401) 277-36

PLEASE TYPE OR PRINT IN BLACK INK.

CORPORATE ID NO 068659/ 2 NAVE OF CORPORATION

FEO TAX 05-0487037 3. STREET ACCRESS PRINCIPAL BUSINESS OFFICE

59 KAY ST

STATE RI

ZIP CODE

02840

4 BUSINESS PHONE NO

5 STATE OF NCORPORATION

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE (SLAVO

Motel, Real Estate Investment

PRESIDENT NAME David Drooker

KAY ST

Z.P CODE

OZ 840

STREET ACORESS

STATE

Z P CODE

ina Drooker

TREASURER NAME

STREET ADDRESS

STREET ADDRESS

C:TY

CITY

STATE

DIRECTORS

ZIP CODE

DIRECTOR NAME

Same as above

STATE

DIRECTOR NAME

0 F

STREET ADDRESS

STREET ADDRESS

CHY

STATE

ZIP CODE

ZIP COCE

CITY

DDRESSES

STATE

ZIP CODE

Same as above

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

ZIP CODE

CITY

STATE

Z P CODE

AUTHORIZED

NUMBER OF SHARES

**AUTHORIZED SHARES** 

CLASS / SER ES

NUMBER OF SHARES

ISSUED SHARES

CLASS / SERIES

PAR VALUE

XOOD

Α

1000

- None -

This report must be SIGNED IN INK by either the

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:

Check No:

Ву:

For Secretary of State Use Only

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

Signature of

Date FQRM 31 12/95