State of Rhode Island
Department of State - Business Services Division

2021 NOV 22 PM 3:46
RI SECRETARY OF STATE
BUSINESS SERVICES DIV

Annual Report for the year: 2015
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number 000152376	2. Exact name of the Limited Liability Company Island Inns, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island Real Estate Activities		
5. State of Formation RI			
6. Principal Office Address 474 Old Town Road, PO Box 398	City Block Island	State RI	Zip 02807
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Caren Kempf	Contact Title Manager		
Street Address 474 Old Town Road, PO Box 398	City Block Island	State RI	Zip 02907
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name Caren Kempf	Manager Name John Kempf		
Street Address Same	Street Address 5 Higgins Drive		
City / State / Zip	City Milford	State CT	Zip 06460
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Check the box to indicate an attachment ☐			
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
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 Person John Kempf	Date 11-8-21		
Signature of Authorized Person John P Kempf			

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

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BY OC x9A

FORM 632 - Revised: 08/2020