



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2022
Corporation

JUL 29 2022

BY 5621

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- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000018348		2. Exact name of the Corporation RED GATE MOTEL, INC.	
3. Principal Office Address 106 AUDUBON ROAD		City NORTH KINGSTOWN	State RI
		Zip 02852	
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island RENTAL AND LEASING.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name FRANCIS M. DWYER		Vice-President Name EMMY DWYER	
Street Address 106 AUDUBON ROAD		Street Address 106 AUDUBON ROAD	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
Secretary Name FRANCIS M. DWYER		Treasurer Name FRANCIS M. DWYER	
Street Address 106 AUDUBON ROAD		Street Address 106 AUDUBON ROAD	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name FRANCIS M. DWYER		Director Name FRANCIS M. DWYER	
Street Address 106 AUDUBON ROAD		Street Address 106 AUDUBON ROAD	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		600 CWP \$1.00	
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 FRANCIS M. DWYER, PRESIDENT			Date 7/26/22
Signature of Authorized Representative <i>Francis M. Dwyer</i>			