



**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year: 2024**

**Corporation**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

**FEB 28 2024**

BY *[Signature]* 3122

1. Entity ID Number <b>000018348</b>		2. Exact name of the Corporation <b>red gate motel, inc.</b>			
3. Principal Office Address <b>106 Audubon Road</b>			City <b>N.Kingstown</b>	State <b>R.I.</b>	Zip <b>02852</b>
4. NAICS Code <b>53110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Real Estate and Rentals</b>			
5. State of Incorporation <b>R.I.</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Francis M. Dwyer</b>			Vice-President Name		
Street Address <b>106 Audubon Rd</b>			Street Address		
City <b>North Kingstown</b>	State <b>R.I.</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name <b>na</b>			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Francis M. Dwyer</b>			Director Name		
Street Address <b>106 Audubon Rd</b>			Street Address		
City <b>N. Kingstown</b>	State <b>R.I.</b>	Zip <b>02852</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>CWP</b>		<b>1.00</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Francis M. Dwyer</b>				Date <b>02/23/2024</b>	
Signature of Authorized Representative <i>Francis M. Dwyer</i>					

**MAIL TO:**  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)