

**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

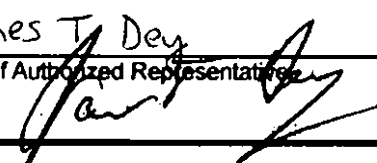
FILED

Annual Report for the year: 2019
Corporation

MAR 11 2019

BY 372002

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 10800		2. Exact name of the Corporation Shelter Harbor Inn, Inc.			
3. Principal Office Address 10 Wagner Road			City Westerly	State RI	Zip 02891
4. NAICS Code 721191		6. Brief description of the character of business conducted in Rhode Island Food Service and Lodging			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name James T. Dey			Vice-President Name None		
Street Address 10 Wagner Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name James T. Dey			Director Name		
Street Address 10 Wagner Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		8,000			
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 James T. Dey					Date 3/11/19
Signature of Authorized Representative 					

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