







STATE OF MONTANA SECRETARY OF STATE 2023 ANNUAL REPORT

FILING FEE: \$20.00 prior to April 15 FILING FEE: \$35.00 after April 15

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SECRETARY OF STATE

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Business Type Demostic Profit Corporation						
Business Type	Business Type			Domestic Profit Corporation		
Business Sub	Business Sub-Type			General For Profit Corporation		
Business Name						
Annual Report Year			2023			
Name of Business Entity			COTTONWOOD INN, INC.			
Montana File Number			D114741			
Country of Organization			United States			
State of Organization			Montana			
Business Purpose			NONE STATED			
Shares						
Share Ty	ре	Series	Shares Authorized		Shares Issued	Share Par Value
Common			50000		6000	0.0000

Business Mailing	Address of	Principal Office
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Address PO BOX 1240

GLASGOW, MT 59230-1240

Business Physical Address of Principal Office

Address 54250 US Highway 2 Glasgow, MT 59230

The registered agent on record is:

Registered Agent ROBERT BRUNELLE

Non-Commercial Registered Agent

Agent Number RA00274707 Email Address Website Physical Address 45 1ST AVE NE

GLASGOW, MT 59230

Mailing Address
PO BOX 1240

GLASGOW, MT 59230

Directors

Full Name	Business Mailing Address	Position	Email Address
BETTY L STONE	7 GARY AVE GLASGOW, MT 59230-2800	Director	
ROBERT J BRUNELLE	35 SUNNY HILLS DR GLASGOW, MT 59230	Director	

Officers



Full Name	Business Mailing Address	Position	Email Address
ROBERT J BRUNELLE	35 SUNNY HILLS DR GLASGOW, MT 59230-2813	Secretary	
BETTY L STONE	7 GARY AVE GLASGOW, MT 59230-2800	President	

Declaratio	ons						
⊠ Id	I confirm I have reviewed the information set forth in this Annual Report and that all information is correct and factual.						
⊠ Ir	I have been authorized by the business entity to file this document online.						
— do	I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.						
Signature							
Self		Robert Brunelle		01/06/202	23		
Signer's	s Capacity	Sign Here		Date			
Positio	on	Presiding Officer Board of Directors					
Daytime C	Contact						
Phone Number		(406) 228-3020	(406) 228-3020				
Email robert@cwimt.net							