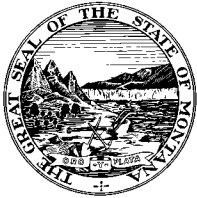




15105237



STATE OF MONTANA
SECRETARY OF STATE
2022 ANNUAL REPORT

For Office Use Only
STATE OF MONTANA

-FILED-

SECRETARY OF STATE

File Number: 15105237

Date Filed: 2/2/2022 3:07:20 PM

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

Business Type		Domestic Profit Corporation		
Business Sub-Type		General For Profit Corporation		
Business Name		2022		
Annual Report Year		COTTONWOOD INN, INC.		
Name of Business Entity		D114741		
Montana File Number		United States		
Country of Organization		Montana		
State of Organization		NONE STATED		
Business Purpose				
Shares				
Share Type	Series	Shares Authorized	Shares Issued	Share Par Value
Common		50000	6000	0.0000
Business Mailing Address of Principal Office				
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	

Declarations

- ☒ I confirm I have reviewed the information set forth in this Annual Report and that all information is correct and factual.
- ☒ I have been authorized by the business entity to file this document online.
- ☒ 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

<i>Self</i>	<i>Robert Brunelle</i>	<i>02/02/2022</i>
Signer's Capacity	Sign Here	Date

Position

Other Officer

Daytime Contact

Phone Number

(406) 228-3020

Email

robert@cwimt.net