



**STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS**
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 128929		2. Exact name of the limited liability company The Hotel Providence, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Own and operate a hotel facility	
5. Principal office address 63 Fountain Ave.		City Portsmouth	State RI
		Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Eva H. Hill c/o Westminster Street Hotel, LLC		Contact Title	
Street Address 63 Fountain Ave.		City Portsmouth	State RI
		Zip 02871	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/> OR BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12(a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT Corporation System		Address 10 Weybosset Street	
Address		City Providence	Zip 02903

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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11:15

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.

FILED CT

File Date: OCT 03 2007

Check No. [Handwritten]

By: [Handwritten Signature]

FOR SECRETARY OF STATE USE ONLY

See attached Signature Page

Signature of Authorized Person _____ Date _____

Print or Type Name of Authorized Person _____

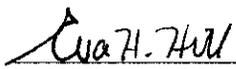
Signature Page for Limited Liability
Company Annual Report for the Year 2007

The Hotel Providence, LLC, a Rhode Island
limited liability company

By: SW Boutique, LLC, a Rhode Island
limited liability company

By: Westminster Street Hotel, LLC, a Delaware
limited liability company

By: UKI Providence, Inc., a Delaware
corporation, Its Manager

By: 
Eva H. Hill, President