



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. 134164 | | 2. Exact name of the limited liability company The Hotel Providence Operating Company, LLC | |
| 3. State of Formation RI | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Operation of 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 FILE IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L. 7-16-12 (a) (2) / 7-16-52 | | | |
| Manager Name SW Boutique, LLC | | • Manager Name | |
| Street Address 63 Fountain Ave. | | • Street Address | |
| City Portsmouth | State RI | Zip 02871 | • City • State • Zip |
| Manager Name | | • Manager Name | |
| Street Address | | • Street Address | |
| City | State | Zip | • City • State • Zip |
| 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.



1 3 4 1 6 4

| | |
|------------------------|----------------------|
| File Date | FILED 11/13 |
| Check No. | 06T 03 2007 |
| By: | By [Signature] 38538 |
| FOR SECRETARY OF STATE | |

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.

See attached Signature Page 6
Signature of Authorized Person Date

Print or Type Name of Authorized Person

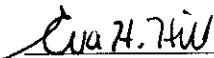
Signature Page for Limited Liability
Company Annual Report for the Year 2007

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

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

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

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

By: 
Eva H. Hill, President