



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$50.00**

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2008

**1. Corporate ID No.** 000111156

**2. Name of Corporation** Crossroads Hospitality Management Company

**3. Street Address Principal Business Office:**

No. and Street: 4501 FAIRFAX DRIVE, SUITE 500

City or Town: ARLINGTON

State: VA Zip: 22203 Country: USA

**4. Business Phone No.**

7033873100

**5. State of Incorporation**

State: DE

**6. Brief Description of the Character of Business Conducted in Rhode Island**

HOTEL MANAGEMENT

**7. Names and Addresses of the Officers and Directors:**

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TREASURER    | RIGGINS BRUCE                                         | 4501 FAIRFAX DRIVE, SUITE 500<br>ARLINGTON, VA 22203 USA          |
| SECRETARY    | CHRISTOPHER L BENNETT                                 | 4501 FAIRFAX DRIVE, SUITE 500<br>ARLINGTON, VA 22203 USA          |
| PRESIDENT    | THOMAS HEWITT                                         | 4501 FAIRFAX DRIVE, SUITE 500<br>ARLINGTON, VA 22203- USA         |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|----------------------------------------------------|------------------------------------------------------|
| CNP            |                 | \$0.00              | 1,000.00                                           | 600                                                  |

**9. 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.**

**Signed this 10 Day of January, 2008 at 12:39:33 PM by the incorporator(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By CHRISTOPHER BENNETT  
Signature of Authorized Representative of the Corporation

SECRETARY  
Title

Form No. 630  
Revised 09/07

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