RI SOS Filing Number: 200835414610 Date: 09/17/2008 4:00 PM

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

*A. Ralph Mollis, Secretary of State*
*Corporations Division*
*148 W. River Street*
*Providence, RI 02904-2615*
*401.222.3040*

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

**Filing Period:** September 1 - November 1 • **Filing Fee:** $50.00

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

| 1. ID No. | 2. Exact name of the limited liability company | | | |
|---|---|---|---|---|
| 104225 | CCMH Courtyard I LLC | | | |
| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island | | | |
| Delaware | Hotel Management | | | |
| 5. Principal office address | | City | State | Zip |
| 8405 Greensboro Drive, #500 | | McLean | 22102 | 22102 |
| **6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:** | | | | |
| Contact Name | | Contact Title | | |
| Pierre M. Donahue | | | | |
| Street Address | | City | State | Zip |
| 8405 Greensboro Drive, #500 | | McLean | VA | 22102 |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS**
**FILL IN SPACES BEFORE USING ATTACHMENTS** ("X" BOX FOR ATTACHMENT) ☐

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| David L. Durbin | 8405 Greensboro Drive, #500 | McLean | VA | 22102 |
| Pierre M. Donahue | 8405 Greensboro Drive, #500 | McLean | VA | 22102 |
| Bruce D. Wardinski | 8405 Greensboro Drive, #500 | McLean | VA | 22102 |
| | | | | |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11**

| Agent Name | Address | City | Zip |
|---|---|---|---|
| Prentice-Hall Corp. System | 222 Jefferson Boulevard, Suite 200 | Warwick | 02888 |

*This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).*

104225

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.

9-4-08
*Signature of Authorized Person* *Date*

Pierre M. Donahue
*Print or Type Name of Authorized Person*

*File Date* FILED
*Check No.* SEP 17 2008
*By:* By 34511
FOR SECRETARY OF STATE USE ONLY
25870-59-277550

Form 632 Rev. 07/07