



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

A. Ralph Molits, 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

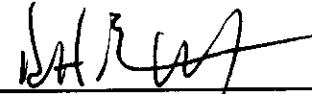
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 126573		2. Exact name of the limited liability company COVENTRY LODGING ASSOCIATES, LLC			
3. State of Formation NEW YORK		4. Brief description of the character of the business which is actually conducted in Rhode Island HOTEL			
5. Principal office address 8441 COOPER CREEK BOULEVARD		City UNIVERSITY PARK	State FL	Zip 34201	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PAUL A. SPEAKER			Contact Title TAX DIRECTOR		
Street Address 8441 COOPER CREEK BOULEVARD		City UNIVERSITY PARK	State FL	Zip 34201	
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 DAVID H BALDAUF			Manager Name		
Street Address 8441 COOPER CREEK BOULEVARD			Street Address		
City UNIVERSITY PARK	State FL	Zip 34201	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

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.

LAA  10/27/2008
Signature of Authorized Person Date

DAVID H BALDAUF, MANAGER

Print or Type Name of Authorized Person

2008 1140 0004 2308 4884

Form 632 Rev. 08/08

FILED
File Date OCT 31 2008
Check No. By 246998
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