Filing Fee: \$50.00

ID Number: 030304



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

6. If a business corporation, the business in which it is engaged FOODSCIVICE, lodging, and town SM industry. 7. Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information herein is true and correct. Reduct Tsland to sort all the Name of Applicant Corporation. Limited Liability Company or Jimite By Signature of Authorized Person for the Limited Liability Office of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limited Partner By Signature Of Authorized Person for the Limite	
3. The state or territory under the laws of which it is incorporated, organized or formed is Rhade Isla. 4. The date of incorporation, organization or formation is	
4. The date of incorporation, organization or formation is	less flame to be used to
5. If a business corporation, the address of its registered office within Rhode Island is 94 Sabra Street Cranston, R1 02910 6. If a business corporation, the business in which it is engaged trade association for foodscrvice, lodging, and townsm industry. 7. Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information herein is true and correct. Rhode Tsland tospital to A Name of applicant Corporation, Limited Liability Company or Jumite By Signature of Authorized Person for the Limited Liability Office of Authorized Person for the Limited Partner of Signature of Authorized Person for the Limited Partner of Signature of Authorized Person for the Limited Partner of Authorized Person for the Limited	~ 100
Cranston, RI 02910 6. If a business corporation, the business in which it is engaged trade association for foodscrvice, loaging, and tourism industry. 7. Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information herein is true and correct. Rived Island to sort all the Name of Applicant Corporation, Limited Liability Company or Jumite By Signature of Authorized Person for the Limited Liability On the limited Partner of Authorized Person for the Limited Partner of Signature of Authorized Person for the Limited Partner of Signature of Authorized Person for the Limited Partner of Signature of Authorized Person for the Limited Partner of Signature of Authorized Person for the Limited Partner of Authorized Partner of Author	
7. Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information herein is true and correct. Rhode Island Hospitality A Name of Applicant Corporation, Limited Liability Company or Jimite By Signature of Authorized Person for the Limited Liability Off Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature of Authorized Person for the Limited Partner By Signature By Signature Of Authorized Person for the Limited Partner By Signature By Sign	$\alpha \in \mathbf{A} \land \alpha \cap (A)$
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Pate: 7 15 09 Region is true and correct. Region To Land Hospitality And Pathorized Person for the Limited Liability On :81 WY OZ 707 6002 By Signature of Authorized Person for the Limited Partner Signature of Authorized Person for the Limited Person for the Limited Partner Person for the Limited Person	wise authorized to do business in the state of Rhode Island.
FILED JUL 2 0 2009 By Signature of Authorized Officer of the Corporation On: 10 HV 02 70 6002 By Signature of Authorized Person for the Limited Liability On: 10 HV 02 70 6002 By Signature of Authorized Person for the Limited Partners of Authorize	Under penalty of perjury, I declare that the information contained herein is true and correct.
By Signature of Authorized Officer on the Corporation By Signature of Authorized Person for the Limited Liability On : 10 WY 07 70 6007 By Signature of Authorized Person for the Limited Partner Signature of Authorized Person for the Limited Partner	Rhode Island Hospitality Association Name of Applicant Corporation, Limited Liability Company or Jimited Partnership
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Form No. 624 33/13/36 27 Revised: 12/05	CORPORATIONS DIVIDING SIGNATURE OF Authorized Person for the Limited Partnership CORPUTATIONS DIVIDING SIGNATURES DIVIDING SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIG



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

