RALPH MOIL	State of Rhode Islan Office of th			<b>ONS</b> Fee: \$50.00	
<b>A</b> 10	Division	Of Business	Services		
Division Of Business Services 148 W. River Street					
Providence RI 02904-2615					
cretary of 5to	(4	01) 222-304	40		
Limited Liability C Annual Report	ompany				
Filing Period: Septembe	er 1 - November 1				
	G.L. 7-16-66(d), each limited			g to	
	hin thirty (30) days after the t t to a penalty fee of \$25.00.	ime prescribe	ed by law (R.I.G.L.		
ANNUAL REPORT YE					
2. Exact Name of th	e Limited Liability Compar	ny <u>Pramukh</u>	Hospitality, LLC		
3. State of Formatio	n				
State: <u>RI</u>					
MOTEL	of the Character of the Busi				
5. Principal Office Ac	ldress				
No. and Street:	5399 POST ROAD				
City or Town:	CHARLESTOWN	State: <u>R</u>	<u>I</u> Zip: <u>02813</u>	Country: <u>USA</u>	
6. Mailing Address o	f Limited Liability Compan	y and Name	or Title of Contact	Person:	
Contact Name: Conta	act Title:				
No. and Street:	5399 POST ROAD				
City or Town:	<u>CHARLESTOWN</u>	State: <u>R</u>	Zip: <u>02813</u>	Country: <u>USA</u>	
7. Name and Addres DO NOT LIST MEM	s of Each Manager of the L IBERS	imited Liab	ility Company, if Ap	pplicable.	
Title		Individual Name		Address	
		First, Middle, Last, Suffix		Address, City or Town, State, Zip Code, Country	
MANAGER	JAYANT L SUTHA	JAYANT L SUTHAR		5399 POST ROAD CHARLESTOWN, RI 02813- USA	
	IN RHODE ISLAND - DO NO Filing of Form 642 - R.I.G.L.				

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

**Signed this 4 Day of October, 2010 at 8:33:32 PM by the authorized person.** *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>JAYANT SUTHAR</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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