



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

[LOGOUT](#)

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1



Help with this form

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.

ANNUAL REPORT YEAR:			
1. ID No.	<u>000108412</u>		
2. Exact Name of the Limited Liability Company	<u>GRIFFIN HOTEL ASSOCIATES E.H. LLC</u>		
3. State of Formation	State: <u>RI</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	<u>HOTEL INVESTMENTS</u>		
5. Principal Office Address	No. and Street: <u>56 PINE STREET</u>		
City or Town:	<u>PROVIDENCE</u>	State: <u>RI</u>	Zip: <u>02903</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	Contact Name: <u>Richard C. Bicki</u> Contact Title: <u>MANAGING PARTNER</u>		
No. and Street:	<u>56 PINE STREET</u>		
City or Town:	<u>PROVIDENCE</u>	State: <u>RI</u>	Zip: <u>02903</u> Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.			

DO NOT LIST MEMBERS

Delete	Name	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	RICHARD C BICKI	56 PINE STREET PROVIDENCE, RI 02903 USA

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
 Address: _____ City: _____ State: _____ Zip: _____ Country: _____

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

RICHARD C. BICKI 56 PINE STREET PROVIDENCE , RI 02903

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: _____
 Business Name: _____
 No. and Street: _____ - Same Address as - _____
 City or Town: _____ State: _____ Zip: _____ Country: _____
 Contact Phone: _____ ext: _____
 Contact Email: _____

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 30 Day of August, 2011 at 1:47:35 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 Richard C. Bicki
Signature of Authorized Person

FILE
MAY 21 2012
@ 170908

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept Decline

[Click HERE to Submit This Information](#)