

	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		
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.		
? Help with this form		
ANNUAL REPORT YEAR: <u>2011</u>		
1. ID No. <u>000136747</u>		
2. Exact Name of the Limited Liability Company <u>Fenix Hospitality Group, ILL, 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 HOTEL DEVELOPMENT AND OTHER LAWFULL ENDEAVORS		
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. Bickel</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.		

SECRETARY OF STATE
 CORPORATIONS DIV
 2012 MAY 21 AM 10:54

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 1:52:26 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

170909

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](#)