

	<b>State of Rhode Island and Providence Plantations</b> <b>Office of the Secretary of State</b>	Fee: \$50.00
	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	<a href="#">LOGOUT</a>

**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:	2011		
1. ID No.	000123529		
2. Exact Name of the Limited Liability Company	FENIX HOSPITALITY GROUP, LLC		
3. State of Formation	State: <u>RI</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	ACQUISITION RENOVATION OF HOTEL AND OTHER PROPERTIES		
5. Principal Office Address	No. and Street: 56 PINE STREET		
	City or Town: PROVIDENCE	State: <u>RI</u>	Zip: 02903 Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	Contact Name: <u>RICHARD C. BICKER</u> Contact Title: <u>MANAGING PARTNER</u>		
	No. and Street: 56 PINE STREET		
	City or Town: PROVIDENCE	State: <u>RI</u>	Zip: 02903 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, SUITE 200 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, ESQ. 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 1:53:12 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

**FILED**  
MAY 21 2012  
8-1709109

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](#)