

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

160329	2. Exact name of the limited liability company GHG-Chanler Hotel Management LLC						
3. State of Formation	I	Brief description of the character of business conducted in Rhode Island Hotel Management					
Maryland	Hotel Management						
5. Principal office address 39 Bay Drive			City Annapolis	State MD	Zip 21403		
	LIMITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT I	PERSON:			
Contact Name Joy Gladwell			Contact Title Corporate Controller				
Street Address 39 Bay Drive			City Annapolis	State MD	Zip 21403		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD MENT)	RESSES) OF THE LI	MITED LIABILITY COMPANY, I	F APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name John Culien, IV			Manager Name				
Street Address 39 Bay Drive			Street Address				
City Annapolis	State MD	Zip 21403	City	State	Zip		
Manager Name	Name		Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	HODE ISLAND						
This information is curren	itly of record in the	e Office of the Secret	ary of State. Changes require	filing Form 642	· · · · · · · · · · · · · · · · · · ·		

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File Date		this report/inc//djh//any accompanying sch	enalty of perityry, I declare and affirm that I have examined orly including any accompanying schedules and statements all statements all statements.	
Check No		100	5-28-202	
Ву:		Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY		JOHN CULLEN		
		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012