



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
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

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.

1. Entity ID No. 107094		2. Exact name of the limited liability company LHO Viking Hotel, L.L.C.			
3. State of Formation Delaware		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. Principal office address 3 Bethesda Metro Center		City Bethesda		State MD	Zip 20814
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Elizabeth Machaj, c/o Hagan & Vidovic LLP		Contact Title Paralegal			
Street Address 200 E. Randolph, 43rd Floor		City Chicago		State IL	Zip 60601
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 15 REC'D

By **20057**

FILED

OCT 15 2012

BY _____

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

09/24/2012
Signature of Authorized Person **Robert K. Hagan** Date
Robert K. Hagan, VP/Asst Sec of LaSalle Hotel Properties, LLC of LaSalle Hotel Operating Partnership, LP its members
Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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