

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 2013

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.	2. Exact name of the limited liability company Old Colony Inn, LLC					
116869		•		•		
3. State of Formation	Brief description of the character of business conducted in Rhode Island Own and sell real estate					
Rhode Island						
5. Principal office address One Ship Street			City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Marc A. Greenfield			Contact Title			
Street Address One Ship Street			City Providence	State RI	^{Zip} 02903	
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT UST MEMBERS	
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 RI	000000000000000000000000000000000000000					
This information is curren	tly of record in the	e Office of the Sec	retary of State. Changes require f	iling Form 642.		

File Date	FII FN	Under penalty of perjury, I declare and affirm this report, including any accompanying sch and that all statements contained herein are	edules and statements,
Check No	MLED		8-20-13
By:	AUG 2 1 2013	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	100 E 1 2010	Marc A. Greenfield	
	14747	Print or Type Name of Authorized Person	

Form No. 532 Revised: 01/2012