

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. 275695		2. Exact name of the limited liability company WILLIAM STREET PROPERTIES, LLC				
	4.5144					
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island HOSPITALITY				
RHODE ISLAND	11.001 117					
5. Principal office address 11 MEMORIAL BOULEVARD			City NEWPORT	State RI	Zip 02840	
	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT P	PERSON:		
Contact Name JAMES F. HYMAN			Contact Title REGISTERED AGENT			
Street Address 11 MEMORIAL BOULEVARD			City NEWPORT	State RI	Zip 02840	
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY, II	F APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	I	I	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RI	HODE ISLAND					
This information is curren	tly of record in the	e Office of the Seci	retary of State. Changes require	filing Form 642.		
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	(Ch#				
	Normalis est vivos vivos est		Under penalty of perj	ury, I declare and af	firm that I have examined	
File Date			this report, including and that all statemen		schedules and statements are true and correct.	
Check No			mus f	Upmer		
			Signature of Authorized	F. HYWW	12/3/13	
FOR SECRETARY OF ST	ATE USE ONLY			Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012