

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 2017

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.		me of the limited liabil	ity company				
156520		TOURIST LEG					
3. State of Formation		•	er of business conducted in Rhoo	de Island			
RI	Hospital	ity Rental					
5. Principal office address 355 George Washington Hwy			City Smithfield	State RI	Zip 02917		
	LIMITED LIABILI	TY COMPANY AND N	IAME OR TITLE OF CONTACT	PERSON;			
Contact Name Bharat P Patel			Contact Title Manager				
Street Address 355 George Washington Hwy			City Smithfield	State RI	Zip 02917		
7. LIST <u>ALL</u> MANAGERS (F ("X" BOX FOR ATTACHN		DRESSES) OF THE L	IMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zing ORR		
8. RESIDENT AGENT IN RH	IODE ISLAND	## 1			2 952		
This information is current	ly of record in th	e Office of the Secre	etary of State. Changes require	filing Form 642.	5 77		
,		FIL	ED		AM II: 33		
		JAN 1 (2014		٠		
		By 219 -	214549				
		A.A.	11:31 A.M.				
File Date			this report, including and that all statement	g any accompanying nts contained herein	firm that I have examined schedules and statements are true and correct.		
Check No	· · · · · · · · · · · · · · · · · · ·		Pyal		1/8/14		
Ву:			-	Signature of Authorized Person Date			
FOR SECRETARY OF STA	ATE LISE ONLY		Bharat P. Patel				

Form No. 632 Revised: 01/2012