



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 **2014**

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. <b>000793011</b>		2. Exact name of the limited liability company <b>G6 Hospitality, LLC</b>			
3. State of Formation <b>DE</b>		4. Brief description of the character of business conducted in Rhode Island <b>Owning budget motels nationwide.</b>			
5. Principal office address <b>4001 International Parkway</b>		City <b>Carrollton</b>	State <b>TX</b>	Zip <b>75007</b>	
Contact Name <b>Rebecca Lennard</b>		Contact Title <b>Vice President- Tax &amp; Audit</b>			
Street Address <b>4001 International Parkway</b>		City <b>Carrollton</b>	State <b>TX</b>	Zip <b>75007</b>	
<small>LIST ALL MANAGERS, PARTNERS AND ADDRESSES OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE) (DO NOT LIST MEMBERS OF AN S-CORPORATION)</small>					
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
<small>RESIDENT OF THE STATE OF RHODE ISLAND</small>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**OCT 20 2014**

BY 81878768



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.

*Rebecca Lennard* 10-15-2014  
 Signature of Authorized Person Date

**Rebecca Lennard**

Print or Type Name of Authorized Person