



**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 **2015**

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.<br><b>565926</b>                                                                                                                                         |       | 2. Exact name of the limited liability company<br><b>TPG Hospitality Management Services, LLC</b> |      |                    |                     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Management</b>  |      |                    |                     |
| 5. Principal office address<br><b>1140 Reservoir Avenue</b>                                                                                                               |       | City<br><b>Cranston</b>                                                                           |      | State<br><b>RI</b> | Zip<br><b>02920</b> |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>                                                                               |       |                                                                                                   |      |                    |                     |
| Contact Name<br><b>Elizabeth A. Procaccianti</b>                                                                                                                          |       | Contact Title<br><b>Manager</b>                                                                   |      |                    |                     |
| Street Address<br><b>1140 Reservoir Avenue</b>                                                                                                                            |       | City<br><b>Cranston</b>                                                                           |      | State<br><b>RI</b> | Zip<br><b>02920</b> |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |                                                                                                   |      |                    |                     |
| 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                 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>                                                                                                                                  |       |                                                                                                   |      |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                         |       |                                                                                                   |      |                    |                     |

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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BY

**FILED**

SEP 30 2015

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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.

Signature of Authorized Person

**Elizabeth A. Procaccianti**

Print or Type Name of Authorized Person

Date

9-28-15