

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.

3. State of Formation Rhode Island Real Estate City Cranston State Ri Contact Name EHI Holdings Street Address 1140 Reservoir Avenue City Cranston Ri Contact Trile Manager Name None Street Address City State Street Address	1. Entity ID No.		2. Exact name of the limited liability company First Warwick Hotel Investors, LLC				
Rhode Island 5. Principal office address 1140 Reservoir Avenue City Cranston Ri 02920 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name EHI Holdings Street Address 1140 Reservoir Avenue City Cranston Ri Contact Title Managing Member Street Address 1140 Reservoir Avenue All MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER ("X" BOX FOR ATTACHMENT) Manager Name None Street Address City State Zip City State Zip City State Zip City State Zip Manager Name Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip Anager Name Street Address City State Zip City State Zip Anager Name	85507	FIISt Wa	First Walwick Hotel Hivestors, LLC				
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8. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address			
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This is a second to the order of the control of the	8. RESIDENT AGENT IN R	HODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is currer	ntly of record in th	e Office of the Sec	retary of State. Changes requir	e filing Form 642.		

FILED

SEP 3 0 2015

File Date Check No _

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report line funding any accompanying schedules and statements, and that all spacements/contained herein are true and correct.

Signature of Authorized Person

EHI Holdings, its Member By EI_{i} Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012