

## 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.	2. Exact nar	ne of the limited liabili	ty company						
113127	STILLSO	STILLSON ROAD HOTEL, LLC							
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island							
Rhode Island	Ownersh	Ownership and management of real estate							
5. Principal office address 2901 Nooseneck Hi	2901 Nooseneck Hill Road			State Zi					
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:					
Contact Name Paul P. Mihailides			Contact Title President, M.T.M.	Contact Title President, M.T.M. Development Corporation					
treet Address 2901 Nooseneck Hill Road			City Coventry	State   Zip   <b>02816</b>					
7, LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE L	IMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS				
Manager Name Paul P. Mihailides			Manager Name	Manager Name					
Street Address 2091 Nooseneck Hil	II Road		Street Address						
City Coventry	State RI	Zip <b>02816</b>	City	State	Zip				
Manager Name	<b>.</b>		Manager Name	· · · · · · · · · · · · · · · · · · ·					
Street Address			Street Address	Street Address					
City	State	Zip	City	State	Zip				
8. RESIDENT AGENT IN F	RHODE ISLAND		L		L				
		e Office of the Secre	tary of State. Changes require	e filina Form 642.	<u> </u>				
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Bv:		5.4					

Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements. all statements contained herein are true and correct. 15/5 ure of Authorized Person Date Haril P. Mihailides, Manager

Print or Type Name of Authorized Person