St St	ate of Rhode Island and Pr Office of the Secret		ns Fee: \$50.
	Division Of Busine	ss Services	
	148 W. River		
	Providence RI 029		
HOPE	(401) 222-3	040	
imited Liability Com	bany		
Annual Report Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability cor thirty (30) days after the time pres		2
6-66(b&c)) is subject to a p			
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>000526606</u>			
2 Exact Name of the Lin	ited Liability Company Bristol	Courtward LLC	
		<u>Courtyard</u> , <u>DEC</u>	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAICS	ARTICLE III codes, please select the code that	best describes your busi	iness.
Using the following NAICS		best describes your busi	iness. <u>53</u>
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MICHAEL MIZRAHI 13 BAY ROAD WARREN , RI 02885

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 12 Day of September, 2016 at 2:23:59 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL MIZRAHI

Signature of Authorized Person

Form No. 632 Revised 09/07

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