State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: Limited Liability Company	
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 2. Exact name of the Limited Liability Company 121817 Pilgrim House Inn, LLC 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 53 - Real Estate and Rental and purchase, hold and sell real estate and personal property 5. State of Formation Rhode Island 6. Principal Office Address City State Zip 31 America's Cup Ave RI 02840 Newport 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Joseph H. Olaynack III Contact Title Street Address 31 America's Cup Ave State RI City Newport ^{Zíp} 02840 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS 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 Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State, Changes require filing Form 642. 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.

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Signature of Authorized Person

Name of Authorized Person

Barry M. Fonseca

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

OCT 03 2016

FORM 632 - Revised: 08/2016

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