State of Rhode Is Department		
Annual Report for the Limited Liability Color → Filing period: Septer → Filing Fee: \$50.00 → Penalty: Additional \$	pmpany	
1. Entity ID Number 565926	Exact name of the Limited Liability Company TPG Hospitality Management Services, LLC	
3. NAICS Code	Brief description of the character of business conducted in Rhode Island	

565926	TPG Hos	TPG Hospitality Management Services, LLC 4. Brief description of the character of business conducted in Rhode Island Management					
3. NAICS Code 72 1110							
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
1140 Reservoir Avenue	1140 Reservoir Avenue			RI	02920		
7. Mailing Address of Limit		any and Name c					
Contact Name Elizabeth A. Procaccianti			Contact Title Manager	Contact Title Manager			
Street Address 1140 Reservoir Avenue			City Cranston	State RI	^{Zip} 02920		
8. List ALL managers (nar	nes and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
9. Resident Agent in Rhode	e Island, This inform	nation is currently	of record with the Department of St				
Under penalty of perjury, statements, and that all s	l declare and affi statements conta	irm that I have a	examined this report, includir true and correct.	ng any accompanyir	ng schedules and		
Name of Authorized Parsor	n _ /	$\overline{}$		Date	0		
Elizabeth A. Procascianti			$\overline{}$	10	-18-16		
Signature of Authorized Pe		sight	DOZUMENT HERE				

MAIL TO:

Division of Business Services

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

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

OCT 1 9 2016

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