| Annual Report for the year: | 2016 |
|-----------------------------|------|
| 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 | | | | | |
|--|---|----------------------|--------------|----------------------|--------|--|
| 70346 | South Kingstown Hotel Associates, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 721110 | Real Estate | | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 1140 Reservoir Avenue | | | Cranston | RI | 02920 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name Elizabeth A. Procaccianti | | Contact Title | | | | |
| Street Address 1140 Reservoir Avenue | | City Cranston | State RI | ^{Zip} 02920 | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name EHI SK Holdings, Inc. | | | Manager Name | | | |
| Street Address 1140 Reservoir Avenue | | Street Address | | | | |
| ^{City} Cranston | State RI | ^{Zip} 02920 | 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, affit that all statements contained herein are true and correct. | | | | | | |
| Name of Authorized Person Elizabeth A. Recaccianti | | | | | 10-11- | |
| Elizabeth A. Ryocaccianti / / / / / / / / / / / / / / / / / / / | | | | | 816 | |
| Signature of Authorized Person SIGN DOCUMENT 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

