



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 001022172

2. Exact Name of the Limited Liability Company BT Hotel Operating LLC

3. State of Formation

State: DE

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

561110

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

HOTEL & RESTAURANT

5. Principal Office Address

No. and Street: 4300 MARSH RIDGE ROAD, SUITE 110

City or Town: CARROLLTON

State: TX Zip: 75010 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MICHAEL LANDRENEAU Contact Title: VP ACCOUNTING

No. and Street: 4300 MARSH RIDGE ROAD, SUITE 110

City or Town: CARROLLTON

State: TX Zip: 75010 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MICHAEL LANDRENEAU	4300 MARSH RIDGE RD CARROLLTON, TX 75010 UNI
MANAGER	RYAN TOTARO	4300 MARSH RIDGE ROAD, SUITE 110 CARROLLTON, TX 75010 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 5 Day of May, 2017 at 12:28:42 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 LANDRENEAU
Signature of Authorized Person

Form No. 632
Revised 09/07

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