



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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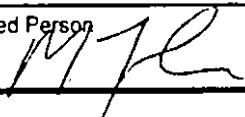
Annual Report for the year: 2016

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<br><b>001015166</b>   |                    | 2. Exact name of the Limited Liability Company<br><b>BT HOTEL WARWICK CONCESSION LLC</b>                     |      |                        |                     |
| 3. NAICS Code<br><b>722511</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>HOTEL &amp; RESTAURANT</b> |      |                        |                     |
| 5. State of Formation<br><b>DELAWARE</b>  |                    |  |      |                        |                     |
| 6. Principal Office Address<br><b>4300 MARSH RIDGE ROAD, SUITE 110</b>  |                    | City<br><b>CARROLLTON</b>  |      | State<br><b>TX</b>     | Zip<br><b>75010</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                    |  |      |                        |                     |
| Contact Name<br><b>MICHAEL LANDRENEAU</b>   |                    | Contact Title  |      |                        |                     |
| Street Address<br><b>4300 MARSH RIDGE ROAD, SUITE 110</b>   |                    | City<br><b>CARROLLTON</b>  |      | State<br><b>TX</b>     | Zip<br><b>75010</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                    |  |      |                        |                     |
| Manager Name<br><b>MICHAEL LANDRENEAU</b>   |                    | Manager Name   |      |                        |                     |
| Street Address<br><b>4300 MARSH RIDGE ROAD, SUITE 110</b>   |                    | Street Address   |      |                        |                     |
| City<br><b>CARROLLTON</b>   | State<br><b>TX</b> | Zip<br><b>75010</b>  | City | State                  | Zip                 |
| Manager Name  |                    | Manager Name   |      |                        |                     |
| Street Address  |                    | Street Address   |      |                        |                     |
| City  | State              | Zip  | City | State                  | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |                    |  |      |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642  |                    |  |      |                        |                     |
| <i>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.</i> |                    |  |      |                        |                     |
| Name of Authorized Person<br><b>MICHAEL LANDRENEAU</b>  |                    |  |      | Date<br><b>8/22/17</b> |                     |
| Signature of Authorized Person<br>   |                    |  |      | 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

12:02 pm  
**FILED**

JAN 23 2018

BY 322454