

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, KI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

Filing Fee: \$50.00 Filing Period: September 1 - November 1 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1 ID No. 2. Exact name of the limited liability company 92105 Across the Pond, LLC 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island GENERAL PARTNER OF A LIMITED PARTNERSHIP WHICH OWNS AND OPERATES A HOTEL. **RHODE ISLAND** 5. Principal office address Contact Name Contact Title State Street Address MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Street Address Since Address State Zip Manager Name Manager Name Street Address Street Address City State Z.ip City State Ζ.φ 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Nume Address MICHAEL D. CORSO, ESQ. Address Zip **PROVIDENCE** 02903 **46 ABORN STREET, 4TH STREET**

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date	11/27/2005 *92105*
Check No	M20145190
	FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

nt or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _______ 2004

FORM MUST BE TYPED OR PRINTED IN BLACK)							
1. IID No.	2. Exact name of the limited liability company						
92105	Across	Across the Pond, LLC					
3. State of Formation		4. Brief description of the	character of the business wh	ich is actually conducted in Rhode Islan	nd		- -
RHODE ISLAND	i	GENERAL PARTNE	R OF A LIMITED PART	NERSHIP WHICH OWNS AND O	PERATES A I	HOTEL.	
5. Principal office address	75te (St. Ste	731	Providence	State R	<u> </u>	ZIP DD 903
6. MAILING ADDRES	,	_	•	I OR TITLE OF CONTACT PER	I SON:		ı
Contact Name Mich	ael	D. Corso		Gondal Mills AGENT			
Since Address 15 Westm	inst	erst. She	731	Providence	State V2		2400003
		FILL IN SPACES	BEFORE USING ATTAC	ILITY COMPANY, IF APPLICAL CHMENTS ("X" BOX FOR AL ING OF AMENDMENT, R.I.G.I	TACHMENT,		· 5- 52
Nanager Name Vander bilt HAIL L.P.				Manager Name			
15 Westminster Street Ste 731			Ste 731	Street Address			
Providence state Rt Zip 03903			[‰] 0→903	City	State		Żip
Manager Name				Manager Name			
Street Address				Street Address			
Сну		State	Zip	City	State		Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.1.G.L. 7-16-11 Address					'		
MICHAEL D. CORSO, ESO.				CORNISH ASSOCIATES, LP			
Address			City: Zip				
15 WESTMINSTER STREET, SUITE 731			PROVIDENCE 02903				

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	9-29-04
Check No.	4358
•	di
Ву::	
F	OR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2003

Filing Period: Septen	nber 1 - November 1	• Filing Fee: \$50	0.00				
(FORM MUST BE TYPED	OR PRINTED IN BLACK)						
1. ID No	No 2. Exact name of the limited liability company				-		
92105	Across the Por	d, LLC					
3. State of Formation	4. Brief description	on of the character of the bu	isiness which is actually conducted in Rhode	: Island			
RHODE ISLAND	GENERAL P	ARTNER OF A LIMITE	D PARTNERSHIP WHICH OWNS AN	ID OPERATES A HOT	EL.		
5 Principal office address			City	State	Zip		
15 Westmi	nster Street,	Suite 73l	Providence	RI	02903		
6. MAILING ADDRE	SS OF LIMITED LIABI	LITY COMPANY AND	NAME OR TITLE OF CONTACT I	PERSON:	•		
Contact Name			Contact Title				
Michael [. Corso		Agent				
Street Address			City	State	Zip		
15 Westmi	nster Street	•	Providence	RI	02903		
7. NAME AND ADDI	RESS OF EACH MANA	GER OF THE LIMITE	D LIABILITY COMPANY, IF APPL	ICABLE :	•		
	FILL IN SP	ACES BEFORE USING	GATTACHMENTS ("X" BOX FO	R ATTACHMENT) 🔲			
AN	Y MODIFICATIONS TO	MANAGERS REQUI	RES FILING OF AMENDMENT, R.	I.G.L. 7-16-12 (a) (2	?) / 7-16-52		
Manager Name			Manager Name	Manager Name			
Vanderbilt	HAll, L.P.						
Street Address			Street Address				
15 Westmin	ster Street	Suit 731					
City	State	Zip	City	State	7.lp		
Mrovi Denc	RI	50PGD					
Manager Name			Manager Name	•	***************************************		
Street Address			Street Address	Street Address			
				<u> </u>			
City	State	Zip	City.	State	Zip		
8 RESIDENT AGENT	I TIN RHODE ISLAND	. DO NOT ALTER C	hannes service filles of Pares 6	/2			
Agent Name	IN MIODE ISLAND	DO NOT ALTER : C	Address	es require filing of Form 642 - R.I.G.L. 7-16-11			
MICHAEL D. CORSO, ESQ.			•	i i			
michael D. Cokso, t		<u> </u>	CORNISH ASSUCIATES, L	CORNISH ASSOCIATES, LP			
Address			Cuy	1 '			
15 WESTMINSTER STREET, SUITE 731			PROVIDENCE	PROVIDENCE 02903			

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date
Clieck No. AUG 2.0 2004
Ву:
FOR SECRETARY OF STATE USE ONLY

Jnder penalty of	perjury. I declare and	affirm that I have examined this repor	١,
ncluding any acc	ompanying schedules	and statements, and that all statements	5.
ontained herein.	are true and correct.		
/ \	~ 0	<i>→</i>	



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2002</u>

Filing Period: September 1 - November 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 92105 Across the Pond, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation **RHODE ISLAND** To own, operate, and lease real estate 5. Principal office address State 15 Westminister Street Suite 731 Providence RI 02903 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Nume Contact Title Michael D. Corso Agent Street Address City State · Providence 02903 15 Westminister Street 731 Suite RI 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL. IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name SEE ATTACHED Street Address Street Address City Zip State City State Zip Manager Name Manager Name Street Address Street Address City State Zip State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.C.I. 7-16-11 Agent Name Address MICHAEL D. CORSO, ESQ. CORNISH ASSOCIATES, LP Address City Zıp 15 WESTMINSTER STREET, SUITE 731 PROVIDENCE 02903

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date	1-402	
Check No.	2857	
В <u>у;</u>	<u>a</u>	
FOR SECRET	ARY OF STATE USE ONLY	

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.
11/02
Signature of Authorized Person Daic
Print or Type Name of Authorized Person

18.1

Across the Pond, LLC

List of Managers

Arnold B. Chace, Jr.

15 Westminster Street, Ste. 731

Providence, RI 02903

Douglas S. Storrs

15 Westminster Street, Ste. 731

Providence, RI 02903

Michael D. Corso

15 Westminster Street, Ste. 731

Providence, RI 02903

John E. Clarkson

619 East High Street, P.O. Box 2429

Charlottesville, VA 22902

Elizabeth Blaine

619 East High Street, B.O. Box 2429

Charlottesville, VA 22902

Grant Howlert

619 East High Street, P.O. Box 2429

Charlottesville, VA 22902

By:

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040



Form No. 632

Revised 01/99

LIMITED LIABILITY COMPANY

ID	Number DLLC 92105	Annual Report for the year 2001	
1.	The name of the limited liability company	is:	
	Across the Pond, LLC		
2.	The address of the principal office of the 15 Westminster Street, Suite 731, Pr	, ,	
3.	The state or other jurisdiction under the la	aws of which it is formed is RHODE ISLAND	
4.	The name and address of its resident age	ent is: MICHAEL D. CORSO, ESQ.	
	CORNISH ASSOCIATES, LP 15 WESTN	MINSTER STREET, SUITE 731 PROVIDENCE RI 02903	
5.	The current mailing address of the limited	d liability company and the name or title of a person to whom communication:	
	may be directed are: <u>Michael D. C</u>	brso, Fsg.	
	15 Westminste	er Street, Ste. 731, Providence, RI 02903	
6.	A brief statement of the character of the	e business in which the limited liability company is actually engaged in this	
	state: It is the general partner of a	limited partnership which owns and operates a hotel.	
7.	7. If the limited liability company has managers, the name and address of each manager of the limited liability com **Range** Name** **Range** Address** **Range** Address** **Range** Name** **Range** Address** **Range** Name** **Range** Name** Name** **Range** Name** Name** **Range** Name** Name** **Range** Name** Name** Name** **Range** Name** Name** Name** Name** **Range** Name** N		
	see attached Schedule		
Da	ted <u>j 0 3/ 8 </u>	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. Across the Pond, LLC	
	9 2 1 0 5	Exact Name of Limited Liability Company	
	Date: 10 3 7001	By Michael D. Corso	
Che	ck No.: 3231	Manager Title	

DETACH DOTTOM BEFORE RETURNING

List of Managers

Arnold B. Chace, Jr. 15 Westminster Street, Ste. 731

Providence, RI 02903

Douglas S. Storrs 15 Westminster Street, Ste. 731

Providence, RI 02903

Michael D. Corso 15 Westminster Street, Stc. 731

Providence, RI 02903

John E. Clarkson 619 East High Street, P.O. Box 2429

Charlottesville, VA 22902

Elizabeth Blaine 619 East High Street, P.O. Box 2429

Charlottesville, VA 22902

Grant Howlett 619 East High Street, P.O. Box 2429

Charlottesville, VA 22902

By:

Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

D Number DLLC 92105	Annual Report for the year 2000			
The name of the limited liability company is: Across the Pond, LLC				
The address of the principal office of the limited liability company is: 15 Westminster Street, Ste. 731, Providence, RI 02903				
3. The state or other jurisdiction under the laws 4. The name and address of its resident agent BROWN RUDNICK FREED & GESMER ON				
may be directed are: <u>Michael D. C</u>	orso er Street, Ste. 731, Providence, RI 02903			
8. A brief statement of the character of the bases at the general par operates a Hotel	tner of a limited partnership which owns and s, the name and address of each manager of the limited liability company Address			
Arnold B. Chace, Jr.	15 Westminster Street, Ste.731, Prov. RI 02903			
Douglas S. Storrs John Clarkson	15 Westminster Street, Ste.731, Prov. RI 02903 41 Mary Street, Newport, RI 02840			
	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. Across the Pond, LLC Exact Name of Limited Liability Company			
FOR SECRETARY OF TAXES E ONLY File Date: OCT 3 0 2000 Check No.: By 75333340344	Manager Title Form No. 632			

By:

Form No. 632

Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

		LIMITED LIABILITY COMPANY		
ID	Number <u>LL 92105</u>	Annual Report for the year 1999		
1.	The name of the limited liability comp	any is:		
2.	The address of the principal office of 731 Hospital Trust Builds			
3. 4.	·	he laws of which it is formed is RHODE ISLAND agent is: GERALD PARASCANDOLO		
₹.		ER ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE, RI 02903		
5.	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Michael D. Corso 731 Hospital Trust Building, Providence, RI 02903			
6.7.	state: It is the general partner of a limited partnership which owns and operates a hotel.			
	See attached schedule			
Da	* 9 2 1 0 5 *	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. Across the Pond, LLC Exact Name of Limited Liability Company		
File	FOR SECRETARY OF ATTOM DATE: OCT 2 8 1999 ck No.:	By 10.19.99 Manager Title		

List of Managers

Arnold B. Chace, Jr. 731 Hospital Trust Building

Providence, RI 02903

Douglas S. Storrs 731 Hospital Trust Building

Providence, RI 02903

John E. Clarkson 41 Mary Street

Newport, RI 02840

Grant Howlett 41 Mary Street

Newport, RI 02840

Filing Fee: \$50.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

ID	Number LL 92105	Annual Report for the year 1998	
1.	The name of the limited liability comp	any is:	
	Across the Pond, LLC		
2.	The address of the principal office of	the limited liability company is:	
	731 Hospital Trust Bui	lding, Providence, RI 02903	
3.	The state or other jurisdiction under t	he laws of which it is formed is RHODE ISLAND	
4.	The name and address of its resident	agent is: GERALD PARASCANDOLO	
	•	IER ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE, RI-02903	
5.	The current mailing address of the	ne limited liability company and the name or title of a person to whom	
	communications may be directed are	: Michael D. Corso, 731 Hospital Trust Building,	
	Providence, RI 02903		
6.	A brief statement of the character of	f the business in which the limited liability company is actually engaged in this	
		eartner of a limited partnership which owns and operates	
a hotel. 7. If the limited liability company has managers, the name and address of each manager of the limited liability contains the liability contains the limited liability contains the liability contains the liabi			
	See attached schedule		
D	ated <u>/0/9</u> , 19 <u>98</u>	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.	
	* 9 2 1 0 5 *	Across the Pond, LLC Exact Name of Limited Liability Company	
Fil	FOR SECRETARY OF STATE USE ONLY e Date: () 5 . (/ >	Buck & Change	
Ch	eck No.: STO	Manager	
Ву	\cdot \mathcal{U} P	Title Form No. LLC-19	

List of Managers

Arnold B. Chace, Jr.

731 Hospital Trust Building

Providence, RI 02903

Douglas S. Storrs

731 Hospital Trust Building

Providence, RI 02903

John E. Clarkson

41 Mary Street

Newport, RI 02840

Grant Howlett

41 Mary Street

Newport, RI 02840

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

	LIMITED LIABILITY COMPANY
ID	Number 0092105 Annual Report for the year 1997
1.	The name of the limited liability company is: ACROSS the Fond, LLC
2.	The address of the principal office of the limited liability company is: 731 Hospital Trust Building, Providence, RI 02903
3. 4.	The state or other jurisdiction under the laws of which it is formed is: Rhode Island The name and address of its resident agent is: Gerald Parascandolo, Esq., Brown, Rudnick, Erand & Course, One Providence Machineton Plaza, Providence, PL 02903
5.	Freed & Gesmer, One Providence Washington Plaza, Providence, RI 02903 The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:
6. 7.	Providence, RI 02903 A brief statement of the character of the business in which the limited liability company is actually engaged in this state: it is the general partner of a limited partnership which owns and operates a hotel. If the limited liability company has managers, the name and address of each manager of the limited liability
	Name Address See attached Schedule
Da	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. Across the Pond, LI.C Exact Name of Limited Liability Company By Manager Title

List of Managers

Arnold B. Chace, Jr. 731 Hospital Trust Building

Providence, RI 02903

Douglas S. Storrs 731 Hospital Trust Building

Providence, RI 02903

John M. Kelly 731 Hospital Trust Building

Providence, RI 02903

John E. Clarkson 41 Mary Street

Newport, RI 02840

Stephen W. Mitchell 41 Mary Street

Newport, RI 02840

Grant Howlett 41 Mary Street

Newport, RI 02840