

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Duisique 100 North Man Street Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

Corporate Date	PROFIT CORPO	=	UAL REPORT	FOR THE YEA	AR2005		_	
SOUR ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS PROPERLY WILL FORD PROPERLY WILL F		_	100.00			·		
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TO ENGAGE GENERALLY IN THE MOTEL BUSINESS AND RELATED BUSINESSES R. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Trending Name A BOUL M ADAM TO ANSO C S SULTAN STORY MININGS TO A BOOK S SULTAN TO ANSO C	4. Busyness Phone No.		5. State of Incorporation	•	-		! -	
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Treatment Name ### BDUL M ADAM Street Abstract ### STATE ADAM ### STATE AD	8. NAMES AND ADDRESSE	S OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS		
Some CA Source Some Some Source Sourc	President Name ABDUL M	ADAM		•	e S SULTA.	√		
Single Address Single Address Singl	Sircel Address 1322 BROMLE	Y DK,		Street Address 99 NOOSE	NECK HILL K	ZS AD		
Single Address Single Address Singl	SNELLVILLE	State GA	^{7.4} 30078	West GREET	VWK2H RI	Zip 028/3		
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee January 19 June 19	500000000000000000000000000000000000000	1ESTYA		Treasures Name	MESIYA	ji [1
DIRECTORISE OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS DIRECTOR Name A BOUL H ADAM STORY ADDRESS OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) BOUL H ADAM STORY ADDRESS OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) STORY ADDRESS THE STANDARD STAN	Sing Address 99 NOOSENG	ele HILL,	KOAD	Singi Address 19 NOSEN	IEEF HILL R	OAD	1	
Director Name Director Name	762. 01,000	State PLE	24 02-8/7 S. ("Y" BOY FOR AT	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Zip OJS/7		
Companies Comp	Director Name	S SULT	TAN	Director Name	_		3	
Director Name Sincy Address Street Address State Ztp 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) INSUED SHARES Number of Shares Report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained horting are true and correct. Signature of Officer Signature of Officer Date HIN E MESTA	Sincy Address NOOSEN	iecle HILL	ROAD		MEY DR.	!	1	
Street Address Street Address	Directof Name	PI	217 02817	NETLVILLE Director Name	Slace FA	3078	2	-
City State Zip	Street Address			Street Address			<u>i'</u>	٦
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) INSUED SHARES INSUED SHARES INSUED SHARES INsued of Shares Class/Series Par Value Common Comm	Cyr / L			City	State	Zip		\dashv
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained hors are true and correct. File Date FEB 22 2005 Check No. By Check No. AMIN & MESTA	AUTHORIZED SHARES	,		•				
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained horse are true and correct. File Date File Date Check No. By This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained horse are true and correct. File Date File Date AMIN & MESTIA	Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
Under penalty of perjury. I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained horse are true and correct. File Date FEB 22 2005 Signature of Officer Date AMIN E MESTIA	8,000 NO PAR VALUE			100	COMMON	0 1		Ŀ
Under penalty of perjury. I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained horse are true and correct. File Date FEB 22 2005 Signature of Officer Date AMIN E MESTIA						.!		
including any accompanying schedules and statements, and that all statement contained horsis are true and correct. File Date FEB 22 2005 Signature of Officer Date AMIN E MESTIA	This report must be	signed in ink by eith	er the President, Vice F	President, Secretary, Assist	ant Secretary, Treasurer, R	eceiver or Truste	e	_
including any accompanying schedules and statements, and that all statement contained horsis are true and correct. File Date FEB 22 2005 Signature of Officer Date AMIN E MESTIA						•		•
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FEB 22 2005 Check No. By Date AMIN E MESTYA]	including any acco	mpanying schedules and states			
Check No. BY ING TO	File Date			///n	in & Mesig	٢	-	
RV LIVE 14ESF/A		_2005		Signature of Officer		Date		
By:	Ву 50	15 Am		Print or Type Name	of Officer	·	<u>'</u>	_
FOR SECRETARY OF STATE USE ONLY	By:	TATE LISE ONLY		SECRETION	Y+ TREASURE	TR_		

Title of Officer



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. B.	rown, Secretary of S	tate			401.222.3040
PROFIT CORPOR Filling Period: January 1 - Ma (FORM MUST BE TYPED OR PRINT	arch I • Filing	UAL REPORT Fee: \$50.00	FOR THE YEAR	2004	
1. Corporate ID No	2. Name of Corporation	<u> </u>			
819 <u>06</u>	Congress Hospi	tality Inc.	<u> </u>	T.	7/2
3. Sirver Address Principal Business O. 101 NIOSENECH	The HILL Ro	AD_	IX. GREENWICH	State RI	"°02817
4. Business Phone No. 40/397 3381		5. State of Incorporation RHODE ISLAND			6. SIC Code 7096
7. Brief Description of the Character of TO ENGAGE GENERALL	f Business Conducted in R Y IN THE MOTEL BU	hode Island SINESS AND RELATED			
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	CES BEFORE USING AT	TACHMENTS
President Name ABDUL 19	ADAM		Vice President Name TANSOR	5 SULT	AN
Street Address /3RoM	LEY DR,	,	STOPTNOOSENE		ROAD
SNEW VILLE	State F. A	24930028	W. GREENEWER	State RI	2100817
Secretary Name	ESTYA		Treasury Name	MESTYA	-
Street Address NOOSENO		COAD	Street Address / OOSEN	ECK HILL	ROAD
IV. CREENWESS	State	Zip 028/7	West CRESINION	State	21p 28/7
9. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	TACHMENT) [] FILL IN SP	ACES BEFORE USING	ATTACHMENTS
MANSOOK _	SSULTR	41	ABDUL M	ADAM	
Sirroy Siddress NOOSENE	CK HILL.	ROAD	Sirce Address BROM	LEY DR.	
W. CFREENWICH	State	Z40 028/7	SNELLVILLE;	Starr	3078
HMINE F	TESTYA		Director Name	· · ·	<u> </u>
Since Address NOSENE	CK HILL	ROBO	Street Address	· · · · · · · · · · · · · · · · · · ·	<u> </u>
IN. FREAVINIEH	State	02817	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHME	(TN)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE	<u> </u>		100	Surron	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 8 1 9 0 6 ±
File Date	1.30.04
Check No.	4703
Ву:	IOP
!	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and st	that I have examined this report, atements, and that all statements
contained herein are true and correct.	1/5/05
Signature of Officer	Bate
MYINE ME	SITA
Print or Type Name of Officer	7
Sec/Tre-surer	
Title of Officer	Form 630 Rev. 12/03

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $_$



2. Name of Corporation

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

Congress Hospitality Inc.

3. Street Address Principal Business Office

101 NOOSENECK HILL ROAD

40/ 397 3381

7096

7. Brief Description of the Character of Business Conducted in Rhode Island

MOTEL AND ASSOCIATED HOSPITALITY BUSINESS
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE U.

FILL IN SPACES BEFORE USING ATTACHMENTS

ABOUL MY ADAM 132-2 BROMLEY DR., SNELLVILLE GA

YIN E MESIYA MOSSENECK HILL ROAD

NOUSENECK HILL ROAD

WICH RI OSSM

THIN E MESIYA

IDDS ENECK HILL ROAD

MANSOOR S SULTAN

FILL IN SPACES BEFORE USING ATTACHMENTS

9. NAMES AND ADDRESSES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT)

MINE MESTYA

OSENECIC HILL ROAD CAREENWICH.

8,000 NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

MANSOOR S SULTAN NOOSENECK HILLROAD

Street Address

City

State

Zip

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

100

OPPRION

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

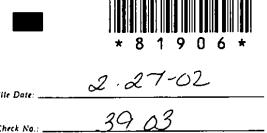
Form 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _



	rk)				1.5511.00
Corporate ID No	2. Name of Corporation Congress Hosp	pitality Inc.		- · · · · · · · -	<u>.</u> ,
reet Address Principal Business O ON WOOSENG usiness Phone No. Chail 297 33	ECK HILL	5. State of Incorporation	West GREENV	VICH RI	2.1p 028/7 6. SIC Cade 7096
POTEL AND	of Rusiness Conducted in RI ASSOCIATE ES OF THE OFFICE DAM LEYDY State FA TESIYA	TD HOSPITA TRS ("X" BOX FOR ATTAC Zip 30078	HMENT) FILL IN SPACES VICE President Name I ANSO Street Address Glty City WEST GREEN Treasurey Name Street Address	BEFORE USING ATTACH OR S SUL NECK HILL K	MENTS TAN POBL 219 219
AMES AND ADDRESS TO BROM STORY BOTH STORY BROWN TO	ES OF THE DIRECT ADAM LEY DY	210 10RS ("X" BOX FOR ATT "-, 1210 1210	Street Address	ES BEFORE USING ATTAC - MESITA ECK HILL RU	
ST LTREGNW/C/ for Name IANSOOR S Address NOOSENECK ST GRÆNWICH	SULTAN LIHULRD	ه و من العام واستواد الماد و من ا الماد و الماد	Director Name Street Address City	State	Zip
SHARES AUTHORIZEI: ORIZEI SHARES	O (*X* BOX FOR ATTACE	IMENT)	ZSUNIE CITUZZ	("X" BOX FOR ATTACHMENT)	
ber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value



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.

Title of Officer

Ferm 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

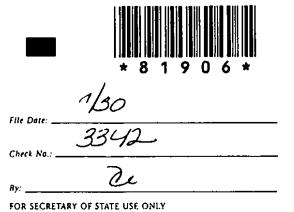
Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

Carnesses	תו	No	

2 Name of Corporation

81906	Congress	Hospitality Inc	i •		
3. Street Address Principal Busine	ss office ECIC HILL I	ROAD	NEST GREEN	WICH RI	2h 17
4. Business Phone No. 40/ 397 33		5. State of Incorporation RHODE ISLA	ND		* AQ&&
7. Brief Description of the Clintac 1907EL ANL	ter of Business Conducted In ASSOCIA	Rhode Island TED HOSPI	TALITY BUS	INESS	
8. NAMES AND ADDRE		CERS ("X" BOX FOR ATTA		S BEFORE USING ATTAC	CHMENTS
President Name ABDUL	M ADAM	•	Vice President Name MANSOOK	S SULTA	~
suiet Addiess 1322-13Kl	1965Y Z	DR.,	Street Address 99 11005E1	NECK HILL I	ROAD
SNELLVILL	State FA	30078	West GREEN	WICH RI	102817
Secretary Name	TESTYA		Treasury Name	MESIYA	
99 NOOSEN		ROAD	99 NOSE	VECK HILL	L ROAL
WEST GREENIN	VCH RI	2602817	Westerles	WICH RT	2008/7
9. NAMES AND ADDRI	ESSES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPA	CES BEFORE USING ATT	ACHMEN 15
MANSOOR	S SUL	TAN	FUINE !	TESTYA	
99 NOOSENE	ECK HILL	- ROAD		VECK HILL	ROAD
WEST GREENIN	11CH RI	210 08817	WESTLINERUM	11CH State RI	02817
HBDUL 1	1 ADAM	7	Director Name		
Street Address			Street Address		
1312 BROTT	LET DRIN	Zip ZaaZC	City	State	Zip
SNEUVILLE	UH	30076			
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Serles	Par Volue	Number of Shares	Class/Series	Par Value
8,000 SHS NO P	AR VAL		100	POHARA	N O

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee-



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.

Moune	Mosligs	1/23/0
Signafice of Officer		Date

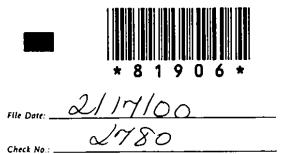
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000



Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 81906 Congress Hospitality Inc. 3. Street Address Principal Business Office WEST FREENWICH 101 NOOSENECK HILL ROAD 5. State of Incorporation 4. Business Phone No. 401 397 3381 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island MOTEL AND ASSOCIATED HOSPITALITY BUSINESS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** ABDUL M ADAM MANSOOR S SULTAN Street Address 1322 BROMLEY DR. POSENECK HILL ROAD MIN E MESTYA DSENECK HILL ROAD OOSENECK HILL ROAD FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) MANSOOR S SULTAN AMINE MESIYA 101 NOOSENECK HILL ROAD 101 NOOSENECK HILL ROAD Olrector Name Street Address Street Address City State ZIp State City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Class/Serles Par Value Number of Shares 8,000 SHS NO PAR VAL

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined

FOR SECRETARY OF STATE USE ONLY



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

THING PERIOUS JUNUARY		, , , , , , , , , , , , , , , , , , ,			
(FORM MUST BE TYPED IN BL					
1. Corporate ID No.	2. Name of Corporation				3
81908 3. Street Address Principal Busines	Congress Ho	spicinty inc.	Tein	State _	. Pip 3
101 NOOSENE	TCIC HILL	ROAD	W. GREENWICH	RI	02817.
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401 397_3	38/	RHODE ISLAN	ID		7096
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8. NAMES AND ADDRE	SSES OF THE OFFIC	ERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BEF	ORE USING ATTACHM	ENTS
President Name ABDUL_	M ADAN		Vice President Name	S SULTI	AN
Street Address 1322 13Rol			Street Address NOOSEN	ECK HILL A	COAD
SNELLVILLE		300 78	W. Toposywich		02817
Secretary Name Secretary Name	······································		Treasurer Name ANTIN E		
Street Address	-		Street Address 101 NOOSENEC		40 1
10/ NOOSEN	State Do	7.10	W. GREENWICH	Carta	210 2817
W. CFREENINIC	4 KL	00011	W. CREEN DVICTS	<u> </u>	10201/
9. NAMES AND ADDRE		CTORS ("X" BOX FOR AT	FACHMENT) FILL IN SPACES B	EFORE USING ATTACH	MENIS . B
Director Name	RS_SL	LTAN_	Director Name / + NA [N E	MESTYA	<u> </u>
Street Address 10/ N/00SENE	CK HILL I	ROAD	Street Address 101_NOOSEN	ECK HILL	RODD
W. GREENWICH	4 State	02817	W. TREENWICH		02817
ABDUL M		••••	Director Name		Ť
Street Address 1322 13 POM			Street Address		Ý
SNEWILLE	Tstate	210 8007 P	City	State	Zip
10. SHARES AUTHORIZ	ED (*Y* BOY SOR ATTA		11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	1
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					1
This report must be sig	ned in ink by eith	er the President, Vice	President, Secretary, Assista	nt Secretary, Treasure	r, Receiver or Truste

* 8 1 9 0 6 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 1-12-99	that all statements contained herein are true and correct.
Check No.: 2069 AMP	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOI PILASE RIA

81906	2. Name of Corporation Congress Hos	pitality inc.			
3. Street Address Principal Business Of	PIC HILL.	ROAD	W. GREENWICH	State	02817
4. Business Phone No. 40/ 397 3.	•	S. State of Incorporation RHODE ISLAND			6. SIC Code 7096
7. Brief Description of the Character of	Business Conducted in R	. // 0	OITALITY 1.	BUSINESS	
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS ("X" BOX FOR ATTACHA	MENT)		
President Name ABOUL N	Y ADA	1/7	Vice President Name		
Street Address BROM	_		Street Address		,
SNELLVILLE	State	30228	City	State 	Zip
Secretary Name	MESIYA	-	Treasury Name ANTIN E	MESIYA	
Street Address 10/ NOOSENEO			Sueet Address 101 NOOSEN	ECK HILL	ROAD
W. GREENWICH	State	Z10 CD817	MY GREENWICH	StateRI	02817
9. NAMES AND ADDRESSE		TORS ("X" BOX FOR ATTAC	CHMENT) 🔝	 	
Streeter Name	MAD	AM	Director Name MANSOOR	5. 540	TAN
Street Address 1322-BRO19	LEY DA	e	Street Address 101 NOOSEN	IECK HILL	ROAD
SNELLVILLE	State	30278	W. GREENWICH	State o -	21002817
Director Name 1	ESTYA		Director Name		
Street Address 101 NOOSEN	ECK HI	L ROAD	Street Address		
W. GREENWE	State 42	02817	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X" I	BOX FOR ATTACHMENT) \Box	
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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.

1 min c	Mesins	12/25/97
HAPT N	MESITA	, ,

Print or Type Name of Officer

Secretary / Treasurs



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT COR	PORATION	ANNUAL R	EPORT 1997	7	STOP: PILLASE READ INSTRUCTIONS BETORE
FORM MUST BE TYPED IN BLA					COMPLETING THIN FORM
Corporate ID No. 81906	2. Name of Corporation Congress Ho	spitality Inc.	<u> </u>		
Street Address Principal Business	CK HILL K	COAD	West treezeww	ICH State RI	2102817
. Business Phone No. 40/ 397 338		S. State of Incorporation RHODE ISLAN			6. SIC Code 7096
. Brief Description of the Characte		ode Island	TALITY BUS	TNESS	
B. NAMES AND ADDRES	SES OF THE OFFICE	RS ("X" BOX FOR ATTACH	IMENT)		
resident Name		<u>-</u> 	Vice President Name		
ABDUL 1	1_ADAM				
ireel Address 1 1322 BRO	•	, , //	Street Address		
SNEWMILE	- State	30278	City	State	Zip
AMIN E			Theasury Name	MESTYA	
ireet Address		ROAD	Street Address	reck-74766	ROAD
W GREENWICE	State	02817	W. LFREENWIC	State RI	210
NAMES AND ADDRES	SSES OF THE DIRECT	ORS ("X" BOX FOR ATTA	CHMENT)		
Pirector Name HRDUL	M AD	AM	Director Name	RS SUL	TAN
Siner Address 1322-BROI	MEY DR	, 7	Street Address 101 NOOSE	NECK HILL B	POAD
SNEUVILLE	Stape A.	3928	W. GREENWIC	4 RI	219
Director Name HMIN_E_/	YESTYA.		Director Name		
101 NIODS ENE	CK HILL,	ROAD	Street Address		
N. Trasenwice	4 RI	02817	City	State	Zip
10. SHARES AUTHORIZ	ED AND ISSUED ('X'	BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		. 	ISSUED SHARES	Classic	Par Value
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR	R VAL	0	100	COMMON	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 8 1 9 0 6 *	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, an
File Date: 129 91 Check No.: 15.32	that all statements contained herein are true and correct. Mun e Plosige 1/27/97 Skinature of Officer Date AMIN & MESTYA
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Selectary / Tseasuel Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division

100 North Main Strect Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

ng Fee: \$50.00		DI FACE TVDF 00 00	NATE IN DI SCH INN		
RPORATE ID NO.	2. NAME OF CORPORATION	PLEASE TYPE OR PE	INT IN BLACK INC.		
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REET ADORESS PRINCIPAL BUSINESS DE			, alv	STATE	ZIP CO01E
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(Greenwich	RI	0817			
	1 0 . S M AUTHORIZED SHARES	ARES AUTHORI	ZED AND ISSUED	ISSUED SKARES	<u>.</u>
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8,000 SHS N	O PAR VAL		100	Common	0
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	Thie	report must be SIG	NED IN INK by either t	he	<u> </u>
Pres	sident, Vice Preside	nt, Secretary, Assist	ant Secretary, Treasure	r, Receiver or Trustee of perjury. I declare and af	

File Date:

Check No:

By:

For Secretary of State Use Only

Signature of Officer

File of Officer

File of Officer

File of Officer

Title of Officer

Date

Signature of Officer

Date

For Secretary of State Use Only

Signature of Officer

Date

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	inual Report for the year:
CONGRESS MOTOR INN CORP	VC.
Name of Corporation:	During Pathy is (about 1972)
Business entity organized under the laws of the State of:	Business Entity is (check one):
For foreign entity, address and telephone number of principal office:	[✓] Business Corporation (See RIGL Chapter 7-1.1)
	[] Professional Service Corporation (See RIGL Chapter 7-5.1)
	Brief statement of the character of business conducted in Rhode Island:
Phone: (401) 397-5494 \$401-397-3381	MOTEL AND ASSOCIATED
Address and telephone of the principal office of business entity in Rhode	HOSPITALITY BUSINESS
Island (Provide street address - Not P.O. Box):	
101 NOOSENECK HILL ROAD	
WEST GREENWICH, R.i. 02817	
(/// 207 270)	
Phone: (401) 397-3381	
THE NAMES OF THE	OFFICERS ARE:
PRESIDENT STREET ADDRES	S CITY/STATE ZIP CODE
ABDUL M. ADAM, 1322 BROMLEY DICE PRESIDENT	DRIVE, SNELVILLE, GA 30278
VICE PRESIDENT STREET ADDRES	SS CITY/STATE ZIP CODE
SECRETARY & TREASURER STREET ADDRES	S CITY/STATE ZIP CODE
AMIN E. MESIYA, 101 NOOSENECK HILL TREASHREN	CITYSTATE 7/P CODE
THE NAMES OF THE I	DIDECTORS ADE.
NAME STREET ADDRES	
ABOW M. ADAM 1322 BROMIEY DOL	VE. SNELVALE, GA 30278
ABOUL M. ADAM, 1322 BROMEY DRI	SS CTTY/STATE ZIP CODE.
AMIN E. MESIYA, 101 NOOSENECK HILL	CHYSTATE ZIPCODE
NAME STREET ADDRES	S CITY/STATE ZIP CODE
MANSOOK S. SULTAN 101 NOOSENEEL HILL	L ROAD, W. GREENWICH, R.I 028/7
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NUMBER OF SHARES AUTHORIZED (Rider may be attached) N	IUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
	Number of Shares Class / Series
8,000 COMMON/ WITHOUT PAR VALUE	100 COMMON/WITHOUT PAR VALUE
8,000 /WITHOUT PAR VALUE	100 INTITION THE VALUE
D. TAN 1 10 95 B	Mune Herris
Date	AMIAC & MESINA
PRINT OR TYPE I	NAME OF OFFICER SIGNING SETTRE-TARY & TREASURE R
Form 31 1/95 TITLE OF OFFICE	
DESIGNATED REGISTERED AGEN	T FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

AMIN E. MESIYA 101 NOOSENECK HILL ROAD WEST GREENWICH RI 02617 FILED FEB 1 0 1995 FEB 1 0 1995