



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 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123106		2. Exact name of the limited liability company WM Hotel Group LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Own & Manage Hotel	
5. Principal office address 10 North Main Street, P.O. Box 2516		City Fall River	State MA
		Zip 02720	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Suzanne E. Coriaty		Contact Title Controller	
Street Address 10 North Main Street, P.O. Box 2516		City Fall River	State MA
		Zip 02720	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name James J. Karam		Manager Name	
Street Address 38 Highland Road		Street Address	
City Tiverton	State RI	City	State
	Zip 02878		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JAMES J. KARAM		Address	
Address 38 HIGHLAND ROAD		City TIVERTON	Zip 02878-

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



File Date	9/12/05	123106*
Check No.	61000	
By:	DA	
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
Date **8-31-05**
James J. Karam, Manager
Print or Type Name of Authorized Person



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2004

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123106		2. Exact name of the limited liability company WM Hotel Group LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 10 North Main Street, P.O. Box 2516		City Fall River	State MA Zip 02720
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Suzanne E. Coriaty		Contact Title Controller	
Street Address 202 Mount Hope Road		City Somerset	State MA Zip 02726
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name James J. Karam		Manager Name	
Street Address 38 Highland Road		Street Address	
City Tiverton	State RI	Zip 02878	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JAMES J. KARAM		Address	
Address 38 HIGHLAND ROAD		City TIVERTON	Zip 02878-

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



File Date	6/20/05
Check No.	59894
By:	DIA
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 Date 6/14/05
James J. Karam, Manager
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 123106
02-0555675Annual Report for the year 2003

1. The name of the limited liability company is:

WM Hotel Group LLC

2. The address of the principal office of the limited liability company is:

222 Milliken Boulevard, (PO Box 2516) Fall River, MA3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island4. The name and address of its resident agent is: James J. Karam38 Highland Rd., Tiverton, RI 028785. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: James J. Karam222 Milliken Blvd., PO Box 2516, Fall River, MA 027206. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

7. If the limited liability company has managers, list the name and address of each manager:

Name

Address

James J. Karam, Manager38 Highland Rd., Tiverton, RI 02878

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.

Date: 6/9/03WM Hotel Group LLC

Exact Name of Limited Liability Company

By

James J. Karam, Manager

Title

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up

9.2.03

Cert # 51437

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