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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

STAMP

Annual Report for the year: 2017 **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.

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|--|---|-----|----------------------|----------|----------------------|
| 1. Entity ID Number 1660066  | 2. Exact name of the Limited Liability Company  ALMONDY INN MANAGEMENT, LLC |     |                      |          |                      |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island    |     |                      |          |                      |
| 721191   | INN MANAGEMENT  |     |                      |          |                      |
| 5. State of Formation  |   |     |                      |          |                      |
| RI   |   |     |                      |          |                      |
| 6. Principal Office Address  | <u> </u>  | ·   | City                 | State    | Zip                  |
| 25 PELHAM STREET   |   |     | NEWPORT              | R!       | 02840                |
|  |   |     |                      |          |                      |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |     |                      |          |                      |
| Contact Name WILLIAM T. SUTTON   |   |     | Contact Title MEMBER |          |                      |
| Street Address 25 PELHAM STREET  |   |     | City NEWPORT         | State RI | <sup>Zip</sup> 02840 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |   |     |                      |          |                      |
| Manager Name   |   |     | Manager Name         |          |                      |
| Street Address   |   |     | Street Address       |          |                      |
| City   | State   | Zip | City                 | State    | Zip                  |
| Manager Name   |   |     | Manager Name         |          |                      |
| Street Address   |   |     | Street Address       |          |                      |
| City   | State   | Zip | City                 | State    | Zip                  |
| Check the box to indicate an attachment  |   |     |                      |          |                      |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.  |   |     |                      |          |                      |
| 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. |   |     |                      |          |                      |
| Name of Authorized Person Date   |   |     |                      |          |                      |
| Name of Authorized Person  WILLIAM T. SUTTON  Date  6/7/8  |   |     |                      |          |                      |
| Signature of Authorized Person SIGN DOCUMENT HERE  |   |     |                      |          |                      |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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