

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVE STATE SECRETARY OF STATE CORPORATIONS DIV

2018 JUL 23 PM 4: 22

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

4. E-6: 1D.11	T			 -		
1. Entity ID Number	2. Exact name of the Limited Liability Company					
01/11/11/10/10/10	THEATLANTIC HOUSE LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
561110	1		•			
5. State of Formation] Hur	(FL	MANA	GER	11:NIT	
AF	HUTEL MANAGEMENT					
6. Principal Office Address	<u> </u>		City		State	Zip
RS OCEAN AL			1 /	ANSETT		(メタソイ
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name P & Y V SY PATEL Contact Title - OWNER						
Street Address 85 () C/	CXIARRA	SANSF11	State RJ	Zip UXXXX		
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name PF4USM PATEL			Manager Name			
Street Address XT OCEAN RD			Street Address			
CHYNARIAGANS	State AF	Zip (123/2	City		State	Zıp
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	 -	State	Zip
	<u> </u>	 -	<u> </u>	Chec	k the box to ind	licate 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	(† \	7/2/118				
Signature of Authorized Person						
<u> </u>		110				
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 4:22 FILED

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FORM 632 - Revised: 10/2017