Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2018 1. ID No. 000163590 2. Exact Name of the Limited Liability Company TRIPADVISOR LLC ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download	Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Imited Liability Company Annual Report Providence RI 02904-2615 (401) 222-3040 Imited Liability Company failing or refusing the its annual report within thirty (20) days after the time prescribed by law (R.I.G.L. 7- 6666(bkc)) is subject to a penalty fee of \$25.00 ANNUAL REPORT YEAR: 2018 1.1 D No. 000163590 2. Exact Name of the Limited Liability Company TRIPADVISOR LLC 3. State of Formation State: DE ARTICLE II Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on MAICS can be found online. 518210 A Friedpal Office Address No. and Street: 400 1ST AVENUE City or Town: NEEDHAM State: MA Zip: 02494 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 400.1ST AVE Name and Address of Each Manager of the Limited Liability Company, if App						
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7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	No. and Street: 40	<u>0 1ST AVE</u>	zip: 02494 Country	r: USA		
	First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country						
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		Title					
	8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town, State, Zip (Code, Country		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of August, 2018 at 10:39:45 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>SETH KALVERT</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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