	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street	
HOPE	Providence RI 02904-2615 (401) 222-3040	
_imited Liability Cor Annual Report	mpany	
Filing Period: September	1 - November 1	
	L. 7-16-66(d), each limited liability company failing or refusing thin thirty (30) days after the time prescribed by law (R.I.G.L. 7- a penalty fee of \$25.00.	
ANNUAL REPORT YEAR	R: <u>2018</u>	
<b>1. ID No.</b> <u>00016359</u>	90	
2. Exact Name of the L	Limited Liability Company TRIPADVISOR LLC	
3. State of Formation		
State: <u>DE</u>		
	ARTICLE III	
-	Code that best describes the primary business conducted by the	entity. Download
the list of codes here. Mc	ore information on <u>NAICS</u> can be found online.	
the list of codes <u>here.</u> Mo	pre information on <u>NAICS</u> can be found online.	-
<u>518210</u>	the Character of the Business Which is Actually Conducted in	
518210 4. Brief Description of t		
518210 4. Brief Description of t	the Character of the Business Which is Actually Conducted in	-
518210   4. Brief Description of t   ONLINE TRAVEL IN   5. Principal Office Addr   No. and Street: 40	the Character of the Business Which is Actually Conducted in IFORMATION FOR CONSUMERS ress 00 1ST AVENUE	-
518210   4. Brief Description of t   ONLINE TRAVEL IN   5. Principal Office Addr   No. and Street: 40   City or Town: No	the Character of the Business Which is Actually Conducted in IFORMATION FOR CONSUMERS ress 00 1ST AVENUE	n Rhode Island
518210   4. Brief Description of t   ONLINE TRAVEL IN   5. Principal Office Addr   No. and Street: 40   City or Town: No	the Character of the Business Which is Actually Conducted in IFORMATION FOR CONSUMERS ress 00 1ST AVENUE IEEDHAM State: MA Zip: 02494 Co Limited Liability Company and Name or Title of Contact Perso	n Rhode Island
518210   4. Brief Description of t   ONLINE TRAVEL IN   5. Principal Office Addr   No. and Street: 40   City or Town: No   6. Mailing Address of L   Contact Name: Contact   No. and Street: 40	the Character of the Business Which is Actually Conducted in IFORMATION FOR CONSUMERS ress 00 1ST AVENUE IEEDHAM State: MA Zip: 02494 Co Limited Liability Company and Name or Title of Contact Person at Title: 00 1ST AVE	ountry: <u>USA</u>
518210   4. Brief Description of t   ONLINE TRAVEL IN   5. Principal Office Addr   No. and Street: 40   City or Town: N   6. Mailing Address of L   Contact Name: Contact   No. and Street: 40   City or Town: N	the Character of the Business Which is Actually Conducted in IFORMATION FOR CONSUMERS ress 00 1ST AVENUE IEEDHAM State: MA Zip: 02494 Co Limited Liability Company and Name or Title of Contact Person of Title: 00 1ST AVE IEEDHAM State: MA Zip: 02494 Cou of Each Manager of the Limited Liability Company, if Applica	ountry: <u>USA</u>
518210   4. Brief Description of t   ONLINE TRAVEL IN   5. Principal Office Addr   No. and Street: 40   City or Town: N1   6. Mailing Address of L   Contact Name: Contact   No. and Street: 40   City or Town: N1   7. Name and Address of	the Character of the Business Which is Actually Conducted in IFORMATION FOR CONSUMERS ress 00 1ST AVENUE IEEDHAM State: MA Zip: 02494 Co Limited Liability Company and Name or Title of Contact Person of Title: 00 1ST AVE IEEDHAM State: MA Zip: 02494 Cou of Each Manager of the Limited Liability Company, if Applica	ountry: <u>USA</u>

## 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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