STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
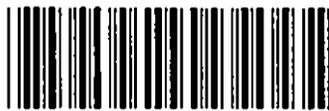*100 North Main Street, Providence, RI 02903-1335*
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
120512	Galilee Hotel Associates, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Hotel business

5. Principal office address	City	State	Zip
307 Great Island Road,	Narragansett	RI	02882

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Gerald Zito	Managing Member

Street Address	City	State	Zip
307 Great Island Road	Narragansett	RI	02882

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT ☐)
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name				Manager Name		
Gerald Zito				Kevin Malloy		

Street Address				Street Address		
307 Great Island Road				307 Great Island Road		

City	State	Zip		City	State	Zip
Narragansett	RI	02882		Narragansett	RI	02882

Manager Name				Manager Name		
James Baldassari						

Street Address				Street Address		
307 Great Isladn Road						

City	State	Zip		City	State	Zip
Narragansett	RI	02882				

8. RESIDENT AGENT IN RHODE ISLAND *-DO NOT ALTER-* **Changes require filing of Form 642 - R.I.G.L. 7-16-11**

Agent Name	Address
THOMAS H. QUINN, JR.	

Address	City	Zip
72 PINE STREET	PROVIDENCE	02903-

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

* 1 2 0 5 1 2 *

FOR SECRETARY OF STATE USE ONLY	
File Date	9-18-02
Check No.	5267
By:	*(initials)*

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 — member 5/11/02

Date

Gerald Zito
Print or Type Name of Authorized Person

Form 632 Rev. 6/02