State of Rhode Island and Providence Plantations Fee: S Office of the Secretary of State			
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
(401) 222-3040			
TOPE			
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. <u>000147788</u>			
2. Exact Name of the Limited Liability Company <u>ISLAND HOTEL GROUP LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
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 NAICS can be found online.			
<u>813990</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
HOTEL OWNERSHIP/MANAGEMENT			
5. Principal Office Address			
No. and Street: 10 NORTH MAIN STREET			
City or Town: FALL RIVER State: MA Zip: 02720 Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: <u>10 NORTH MAIN STREET, PO BOX 2516</u> City or Town: FALL RIVER State: MA Zip: 02720Country: USA			
State. MA Zip. 02720Country. 00A			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode, Country
MANAGER	JAMES J KARAM	38 HIGHLAND RO TIVERTON, RI 02878- U	

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

JAMES J. KARAM 35 NANAQUOKET ROAD TIVERTON, RI 02878

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

Signed this 27 Day of September, 2018 at 2:51:55 PM 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 JAMES J KARAM

Signature of Authorized Person

Form No. 632 Revised 09/07

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