



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

**Annual Report for the year: 2018**  
**Limited Liability Company**

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

<b>1. Entity ID Number</b> <b>565926</b>	<b>2. Exact name of the Limited Liability Company</b> <b>TPG Hospitality Management Services, LLC</b>		
<b>3. NAICS Code</b> <b>721110</b>	<b>4. Brief description of the character of business conducted in Rhode Island</b> <b>Management</b>		
<b>5. State of Formation</b> <b>Rhode Island</b>			
<b>6. Principal Office Address</b> <b>1140 Reservoir Avenue</b>	<b>City</b> <b>Cranston</b>	<b>State</b> <b>RI</b>	<b>Zip</b> <b>02920</b>
<b>7. Mailing Address of Limited Liability Company and Name or Title of Contact Person</b>			
<b>Contact Name</b> <b>Elizabeth A. Procaccianti</b>		<b>Contact Title</b>	
<b>Street Address</b> <b>1140 Reservoir Avenue</b>		<b>City</b> <b>Cranston</b>	<b>State</b> <b>RI</b> <b>Zip</b> <b>02920</b>
<b>8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS</b>			
<b>Manager Name</b>		<b>Manager Name</b>	
<b>Street Address</b>		<b>Street Address</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b> <b>State</b> <b>Zip</b>
<b>Manager Name</b>		<b>Manager Name</b>	
<b>Street Address</b>		<b>Street Address</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b> <b>State</b> <b>Zip</b>
Check the box to indicate an attachment <input type="checkbox"/>			
<b>9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.</b>			
<b><i>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.</i></b>			
<b>Name of Authorized Person</b> <b>Elizabeth A. Procaccianti</b>		<b>Date</b> <b>10-22-18</b>	
<b>Signature of Authorized Person</b>		<b>SIGN DOCUMENT HERE</b>	

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

**OCT 23 2018**

BY 408 DS FORM 632 - Revised: 10/2017