



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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)(6)) is subject to a penalty fee of \$25.00.

| | | | | | |
|---|-------|---|-------------|--------------|-----|
| 1. ID No. 131067 | | 2. Exact name of the limited liability company INNSIGHT HOSPITALITY, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island bed and breakfast (721110) | | | |
| 5. Principal office address 190 Shore Road | | City Westerly | State RI | Zip 02891 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Michael Cardiff | | Contact Title Member | | | |
| Street Address 190 Shore Road | | City Westerly | State RI | Zip 02891 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE • DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |

FILED

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BY

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

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.

Michael Cardiff
Signature of Authorized Person Date

Michael Cardiff

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

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