

Filing Fee: \$150.00

ID Number: 156621



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

**FILED**

JUN 08 2006

By KMC  
C160930

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION**

2006 JUN -08 AM 10:24  
CORPORATIONS  
SECRETARY  
STATE  
PROVIDENCE, RI

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Laxmi-Parvti, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

Holiday Inn Express

3. The limited liability company is organized under the laws of Connecticut

4. The date of its organization is January 17, 2006

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

797 Eddie Dowling Highway North Smithfield , RI 02896  
(Street Address, not P. O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is Vijay Solanki

(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

194 Fortin Drive, Woonsocket, RI

9. The mailing address for the limited liability company is:

404 Bridge Street, Groton, CT 06340

10. Management of the Limited Liability Company:

A. The limited liability company is to be managed  by its members. *(If you have checked this box, go to item no. 11.)*

or

B. The limited liability company is to be managed  by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

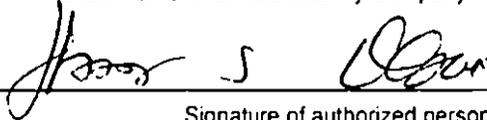
11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 6/1/06

Laxmi-Parvti, LLC

Print Exact Name of Limited Liability Company Making Application

By   
Signature of authorized person

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,  
and keeper of the seal thereof, DO HEREBY CERTIFY, that

LAXMI-PARVTI, LLC

organized under the laws of Connecticut as a Limited Liability Company,  
was filed in this office on January 17, 2006 and is in existence as of  
the date of this certificate.



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Secretary of the State

Date Issued: May 18, 2006