




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

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.

FILED  
JUN 07 2019  
BY 971 DS

1. Entity ID Number <b>000113122</b>		2. Exact name of the Limited Liability Company <b>PLOURDE FAMILY HOTEL GROUP, LLC</b>			
3. NAICS Code <b>561110</b>		4. Brief description of the character of business conducted in Rhode Island <b>HOTEL MANAGEMENT</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>23 TANGLEWOOD DRIVE</b>		City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>PAUL PLOURDE</b>			Contact Title <b>MANAGER</b>		
Street Address <b>23 TANGLEWOOD DRIVE</b>			City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>PAUL PLOURDE</b>			Manager Name		
Street Address <b>23 TANGLEWOOD DRIVE</b>			Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<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>					
Name of Authorized Person <b>PAUL PLOURDE</b>				Date <b>MAY 30, 2019</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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