



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

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**Annual Report for the year: 2019**  
**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.

1. Entity ID Number <b>146007</b>		2. Exact name of the Limited Liability Company <b>G6 Hospitality Franchising LLC</b>			
3. NAICS Code <b>533.110</b>		4. Brief description of the character of business conducted in Rhode Island <b>Franchising</b>			
5. State of Formation <b>Delaware</b>					
6. Principal Office Address <b>4001 International Parkway</b>			City <b>Carrollton</b>	State <b>TX</b>	Zip <b>75507</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Rebecca Lennard</b>			Contact Title <b>Vice President- Tax</b>		
Street Address <b>4001 International Parkway</b>			City <b>Carrollton</b>	State <b>TX</b>	Zip <b>75507</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>G6 Franchising Pledge LLC</b>			Manager Name		
Street Address <b>345 Park Avenue</b>			Street Address		
City <b>New York</b>	State <b>NY</b>	Zip <b>10154</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.					
<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.</b>					
Name of Authorized Person <b>Rebecca Lennard</b>				Date <b>8.7.2019</b>	
Signature of Authorized Person <i>Rebecca Lennard</i>			SIGN DOCUMENT HERE		

**FILED**

**AUG 13 2019**

*KM*

BY 82124121

**MAIL TO:**  
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