



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

FILED

SEP 12 2019

STAMP

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.

2543

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 1679109		2. Exact name of the Limited Liability Company Sabin Hotel Manager, LLC									
3. NAICS Code 531311		4. Brief description of the character of business conducted in Rhode Island Real estate property manager. This limited liability company has the purpose of engaging in any lawful business permitted a limited liability company in the State of Rhode Island.									
5. State of Formation Rhode Island											
6. Principal Office Address 1140 Reservoir Avenue				City Cranston		State RI		Zip 02920			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person											
Contact Name Elizabeth A. Procaccianti				Contact Title Manager							
Street Address 1140 Reservoir Avenue				City Cranston		State RI		Zip 02920			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS											
Manager Name Elizabeth A. Procaccianti				Manager Name							
Street Address 1140 Reservoir Avenue				Street Address							
City Cranston		State RI		Zip 02920		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.											
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.											
Name of Authorized Person Elizabeth A. Procaccianti						Date 9-9-19					
Signature of Authorized Person 						SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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