



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

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.

**FILED**

SEP 12 2019

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**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number <b>001679536</b>		2. Exact name of the Limited Liability Company <b>TPG 100 Sabin Hotel TIFF Lender, LLC</b>	
3. NAICS Code <b>551112</b>		4. Brief description of the character of business conducted in Rhode Island <b>Holding Company . This limited liability company has the purpose of engaging in any lawful business permitted a limited liability company in the State of Rhode Island</b>	
5. State of Formation <b>DE</b>			
6. Principal Office Address <b>1140 Reservoir Avenue</b>		City <b>Cranston</b>	State <b>RI</b> Zip <b>02920</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Elizabeth A. Procaccianti</b>		Contact Title <b>Manager</b>	
Street Address <b>1140 Reservoir Avenue</b>		City <b>Cranston</b>	State <b>RI</b> Zip <b>02920</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>Elizabeth A. Procaccianti</b>		Manager Name <b>James Procaccianti</b>	
Street Address <b>1140 Reservoir Avenue</b>		Street Address <b>1140 Reservoir Avenue</b>	
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
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>Elizabeth A. Procaccianti</b>		Date <b>9-9-19</b>	
Signature of Authorized Person 		SIGN DOCUMENT HERE	

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

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