



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.

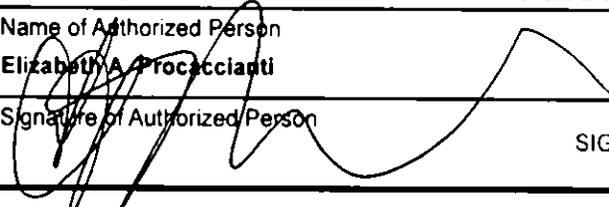
**FILED**

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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  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov