



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

FILED
 OCT 21 2019
 37897
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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 1660066		2. Exact name of the Limited Liability Company ALMONDY INN MANAGEMENT, LLC			
3. NAICS Code 72191		4. Brief description of the character of business conducted in Rhode Island INN MANAGEMENT			
5. State of Formation RI					
6. Principal Office Address 25 PELHAM STREET		City NEWPORT	State RI	Zip 02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name WILLIAM T. SUTTON			Contact Title MEMBER		
Street Address 25 PELHAM STREET		City NEWPORT	State RI	Zip 02840	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 JAMES T. HUHN Diana Sutton				Date 9/16/19	
Signature of Authorized Person <i>Diana Sutton</i>				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