



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123241		2. Exact name of the limited liability company Crown Jewel Hospitality Management, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, MANAGING AND SELLING REAL ESTATE.	
5. Principal office address 1116 Washington Street		City Attleboro	State MA
		Zip 02703	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Mahesh Patel		Contact Title Manager	
Street Address 1116 Washington Street		City Attleboro	State MA
		Zip 02703	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Mahesh Patel		Manager Name	
Street Address 1116 Washington Street		Street Address	
City Attleboro	State MA	City	State
	Zip 02703		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ALFRED A. VELTRI		Address	
Address 331 BROADWAY		City PROVIDENCE	Zip 02909-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date <u>11/18/05</u>	*123241*
Check No. <u>1357</u>	
By: <u>[Signature]</u>	
FOR SECRETARY OF STATE USE ONLY	

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.

Crown Jewel Hospitality Management, LLC

By: [Signature]

Signature of Authorized Person

Date

Mahesh Patel, Manager

Print or Type Name of Authorized Person



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AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123241		2. Exact name of the limited liability company Crown Jewel Hospitality Management, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Owning, managing and selling real estate			
5. Principal office address 1116 WASHINGTON STREET		City SOUTH ATTLEBORO	State MA	Zip 02703-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mahesh Patel		Contact Title Manager			
Street Address 1116 Washington Street		City South Attleboro	State MA	Zip 02703	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Mahesh Patel		Manager Name			
Street Address 1116 Washington Street		Street Address			
City South Attleboro	State MA	Zip 02703	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Alfred A. Veltri			Address 331 Broadway		
Address			City PROVIDENCE	Zip 02909	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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123241 DLLC 09/07/03 10:30:10 AM

FILED

File Date
FEB 18 2005

Check No.

By
57746

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person
Mahesh Patel, Manager
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123241		2. Exact name of the limited liability company Crown Jewel Hospitality Management, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Owning, managing and selling real estate	
5. Principal office address 1116 WASHINGTON STREET		City SOUTH ATTLEBORO	State MA Zip 02703-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: Mahesh Patel Contact Title: Manager			
Street Address 1116 Washington Street		City South Attleboro	State MA Zip 02703
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Mahesh Patel		• Manager Name	
Street Address 1116 Washington Street		• Street Address	
City South Attleboro	State MA	Zip 02703	• City • State • Zip
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City • State • Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JONATHAN N. SAVAGE		Address 86 WEYBOSSET STREET	
Address		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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123241 DLLC 09/07/03 10:30:10 AM	
File Date	10/29/03
Check No.	1042
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person
Date 10/20/03
Mahesh Patel, Manager
Print or Type Name of Authorized Person