

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

Filing Period: Septem (FORM MUST BE TYPED)			Filing Fee: \$50.00				
1. ID No. 129854		oci name of the limited liability company sukh Hospitality, LLC					
3. State of Formation RHODE ISLAND 4. Brief description of the character of the husiness while MOTEL				ich is actually conducted in Rhode Island	đ		
5 Principal office address 539		POST RO.	4 ⊅	CHARLESTOWN	State R.	^{Zip} 02813	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name JAYANT L. SUTHAR				OR TITLE OF CONTACT PERSON: Contact Title MANAGER/OWNER			
Street Address 53	599	POST R	0AD	CHARLESTONN	State R	zφ 02813	
		FILL IN SPACES	BEFORE USING ATTA	ILITY COMPANY, IF APPLICAE CHMENTS ("X" BOX FOR AT LING OF AMENDMENT, R.I.G.L : Manager Name	TACHMENT)		
•	446	St L. Sut	-HAR	marager rame			
Street Address 5399 POST ROAD			Street Address				
CHARLEST	1000	State	740 0 2 819 0021-8-1	Ciŋ·	State	Zip	
Manager Name				Manager Name	•••••••		
Street Address			Sirrei Address				
City		State	Zip	City	State	Zíp	
8. RESIDENT AGENT	' IN RH	ODE ISLAND - DÓ N	OT ALTER - Changes	require filing of Form 642	R.I.G.L. 7-1	6-11	
BAKULA J. SUTHAR							
5399 POST ROAD			CHARLESTOWN 2/p 02813-		2 <i>ip</i> 02813-		
				•			

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

File Date	129854	
Check N	HHH H	_
Ву:	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.

Juth alalos

JAYANT L. SUTHAR

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 Divisio 100 North Main Stre Providence, RI 02903-132

401.222.30

(FORM MUST BE TYPED OR P	UNTED IN BIACK)	rung ree: \$50,00	L REPORT FOR THI	LYEAR	·	004
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	act name of the limited Itabi mukh Hospitality, LLC	ct name of the limited Itability company NUKh Hospitality, LLC				
3. State of Formation	4. Brief description of the	e character of the busines	s which is actually conducted in Rhode Isla			
MOTEL			- Sacinally conducted in khode island			
5. Principal office address 5399 POST ROAD			CHARLESTOUN	State R	 -	Zip
6. MAILING ADDRESS OF	6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM			(O)	•	02813
JAY	ANT L. SI	: Contact Title	Contact Title MANAGER			
Street Address 5399	POST RO		CHARLESTOWN	State		<i>Σφ</i> 02813
ANY MO Manager Name		ILITY COMPANY, IF APPLICABLE CHMENTS ("X" BOX FOR ATTACHMENT) LING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name				
5399 POST ROAD			Street Address			
CHARLESTOWN	State R.	^{Z4ρ} 02813	City	State	<u> </u>	Zíp
Manager Name	***************************************	4	Manager Name	.l	•••••••	J
Street Address			Street Address			
City	State	Zip	City	State		Zip
8. RESIDENT AGENT IN R Agent Name BAKULA J. SUTHAR	HODE ISLAND - DO N	OT ALTER - Chang	es require filing of Form 642	 R.I.G.L. 7-1	6-11	
Address			City			
5399 POST ROAD			CHARLESTOWN	2ιρ 02813-		

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



File Date 9/22/04
Check No. 341
ву:
FOR SECRETARY OF STATE USE ONLY

Under penalty of poincluding any according any according any according to the contained herein are	rjury, I declare and affirm that I have examined this report spanying schedules and statements, and that all statements true and correct
	(I)

TURKAL SUTHAR

Print or Type Name of Authorized Person