



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. 129854		2. Exact name of the limited liability company Pramukh Hospitality, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MOTEL	
5. Principal office address 5399 POST ROAD		City CHARLESTOWN	State RI
		Zip 02813	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAYANT L. SUTHAR		Contact Title MANAGER/OWNER	
Street Address 5399 POST ROAD		City CHARLESTOWN	State RI
		Zip 02813	
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 JAYANT L. SUTHAR		Manager Name	
Street Address 5399 POST ROAD		Street Address	
City CHARLESTOWN	State RI	City	State
Zip 02813		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 BAKULA J. SUTHAR		Address	
Address 5399 POST ROAD		City CHARLESTOWN	Zip 02813

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



File Date	12/14/05	*129854*
Check No.	444	
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.

9/9/05
Signature of Authorized Person Date
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 Division
100 North Main Street
Providence, RI 02903-1331
401.222.3000

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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			Zip 02813
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Street Address 5399 Post Road		City CHARLESTOWN	State RI
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City CHARLESTOWN	State RI	City	State
	Zip 02813		Zip
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City	State	City	State
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Agent Name BAKULA J. SUTHAR		Address	
Address 5399 POST ROAD		City CHARLESTOWN	Zip 02813

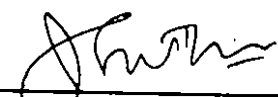
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 9 8 5 4 *

File Date	9/22/04
Check No.	341
By:	DA
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: 9/20/04
JAYANT SUTHAR
Print or Type Name of Authorized Person