

Corporations Durision 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 BIACK)									
1 ID No	1 ID No. 2 Exact name of the limited hability company								
84066	The Atlan	tic House, LLC	c House, LLC						
3 State of Formation	4	Brief description of the	character of the business wh	uch is actually conducted in Rhode	· Island				
RHODE ISLAND	,	HOTEL MANAGEMI	ENT						
5 Principal office address 50 Ocean Road				Narragansett	State R	I 2 ^p 02882			
6. MAILING ADDRE	SS OF LIMI	TED LIABILITY C	OMPANY AND NAMI	OR TITLE OF CONTACT	PERSON:	•			
Paul Plourde				Co-Operating Ma	nager				
50 Exchange	Terrace,	Suite 320		Providence	State R	I ^{Zip} 02903			
	7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52								
Manager Name Piyush J. Pa	tel			Manager Name Paul Plourde					
Street Address 50 Exchange	Terrace,	, Suite 320		50 Exchange Terrace, Suite 320					
Providence	Ste	RI	^{Zφ} 02903	Providence	State R	I Zip 02903			
Manager Name	•••••••••••	***************************************		Manager Name					
Street Address				Street Address					
Cuy	Ste	tle .	Zφ	cuy	State	Zηρ			
8. RESIDENT AGEN	T IN RHOD	E ISLAND - DO N	OT ALTER - Change:	require filing of Form (542 - R.I.G.L. 7-1	6-11			
Agent Name Ac				Address					
PAUL PLOURDE, ESC	Q .			PLOURDE, BOGUE, MCLAU	JGHLIN				
Address 50 EXCHANGE TERRACE, SUITE 320				PROVIDENCE Zip 02903					

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



84066

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury. I declare and aftirm that I have examined this report, including any accompanying schedules and statements, and that all statements. contained herein are true and correct.

Piyush J. Patel, Operating Manager



Conporations Durse of 100 North Main Street Providence, RI 02903-1335 401-222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2004

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1 II) No	2 Isaaci)	rame of the trainer	d halaldy company		-			
84066		antic House, L						
3 State of Formation		4. Brief descriptio	in of the character of the busin	ws which is actually conducted in Block	· Island			
RHODE ISLAND HOTEL MANAGEMENT								
5 Principal office address 50 Ocean Road				Narragansett	State RI	02882		
6. MAILING ADDR	ESS OF LI	MITED LIABI	LITY COMPANY AND S	NAME OR TITLE OF CONTACT	PERSON:			
Paul Plourd	le			Co-Operating Mar	nager			
50 Exchange	Terrac	e, suite	320	Providence	State RI	^{Z4)} 02903		
		FILL IN SP.	ACES BEFORE USING A	LIABILITY COMPANY, IF APPL ATTACHMENTS - <i>("X" BOX FO</i> ES FILING OF AMENDMENT, R.	R ATTACHMENT) 🗌			
Manager Name Piyush J. R	Patel			Manager Name Paul Plourde				
50 Exchange			320	50 Exchange Terrace, suite 320				
Providence		RI	² 02903	'Providence	RI	^{//} 02903		
Manager Name	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	••••••	Manager Name				
Street Address			· · ·	Street Address				
Care State Zip				Cit)	State	Zift		
8. RESIDENT AGE Agent Name	NT IN RHO	DDE ISLAND	DO NOT ALTER - Cha	anges require filing of Form 6	42 - R.I.G.L. 7-16-1	1		
PAUL PLOURDE, ES	5Q			PLOURDE, BOGUE, MCLAU	GHLIN			
Address				Cu)	2.0	<i>î</i>		
50 EXCHANGE TER	RACE, 3RD	FLOOR		PROVIDENCE	PROVIDENCE 02903			
	· · · · · · · · · · · · · · · · · · ·							

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



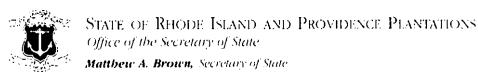
File Date	11/1/04			
Check No	1293			
By	<u> </u>			
FOR SECRETARY OF STATE USE ONLY				

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.

Signature of Authorized Person

Date

Piyush J. Patel, Co-Operating Manager



Corporations Division 100 North Main Street Providence, RI 02903-1,335 401-222 3040

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

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

(FORM MUST BE TYPED OR PRINTED IN BIACK)

7 //2 // 84066		i name of the familed liability company e Atlantic House, LLC						
3 State of Formation	····	4 Bocf description of the HOTEL MANAGEME	character of the insuless who	h s actually conduc	red in Rhyde Island			
RHODE ISLAND		HOTEL INAVAGENE						
5 Prin. gal Afric address				-Cit ₁		State		Zip
50 Ocean Road 6. MAILING ADDRE		MITED LIABILITY O	COMPANY AND NAME	Narragar		RI ON:		02882
Paul Plourde				Contact Title Co-Opera	iting Manag	ger		
Street Address				City	 	State		Zip
50 Exchange 3	Terrac	e, Suite 320		Provider	ice	RI		02903
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52								
Manager Name				Manager Name				
Piyush J. Pat	tel			Paul Plourde				
Street Address				Sheet Address				
50 Exchange	Terrac	e. Suite 320		50 Exchange Terrace, Suite 320				
City	<u> </u>	State	Zqp	C4p	_	State		Zψ
Providence		RI	02903	Provider	nce	l RI	•••••	02903
Manager Name				Manager Name				
Street Address				Sucer Address				
Cit)		State	Zip	City		State		Zφ
8. RESIDENT AGEN	T IN RH	i ODE ISLAND - DO 1	I NOT ALTER - Changes	: require filing (of Form 642 - 1	' R.J.G.I 7-1	6-11	•
Agent Nume Address								
PAUL PLOURDE, ESQ.				PLOURDE, BOGUE, MCLAUGHLIN				
Address				C#p			<i>2η</i> ;	
50 EXCHANGE TERRACE, 3RD FLOOR			PROVIDENCE			02903		

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

	* 8 4 0 6 6 *	
File Date		
Check No	NOV 21 2003	
Bv	Ey M12420	
	OR SECRETARY OF STATE USE ONLY	

Under penalty of perjary, 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 Authorited Person Date

Piyush J. Patel, Co-Operating Manager



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company I ID No. 84066 The Atlantic House, LLC 4. Brief description of the character of the husiness which is actually conducted in Rhode Island 3. State of Formation **HOTEL MANAGEMENT RHODE ISLAND** State 5. Principal office address Narragansett 02882 50 Ocean Road 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE, OF CONTACT PERSON: Contact Title Contact Name Co-Operating Manager Paul Plourde Street Address 02903 50 Exchange Terrace, Suite 320 Providence RI 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE "X" BOX FOR ATTACHMENT FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) /_7-16-52 Manager Name · Manager Name Paul Plourde Piyush J. Patel Street Address Street Address <u>50 Exchange Terrace. Suite 320</u> 50 Exchange Terrace, Suite 320 City . . 02903. . . Providence Providence Manager Name Manager Name ·Sireci Address Street Address Zip City State State Zip City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name PLOURDE, BOGUE, MCLAUGHLIN PAUL PLOURDE, ESQ. Zip City Address **PROVIDENCE** 02903 50 EXCHANGE TERRACE, 3RD FLOOR

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



File Date	11-13-02
Check No.	469
Bu-	di
FOR SECRETAR	RY 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

Data

Piyush J. Patel, Co-Operating Manager



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

· Pro ;

ID	Number DLLC 84066	Annual Report for the year 2001
1.	The name of the limited liability company i	s:
	The Atlantic House, LLC	
2.	The address of the principal office of the li	mited liability company is:
	50 Ocean Road, Narragansett, R	RI
3.	The state or other jurisdiction under the la	ws of which it is formed is RHODE ISLAND
4.	The name and address of its resident age	nt is: PAUL PLOURDE, ESQ.
	PLOURDE, BOGUE, MCLAUGHLIN 50 E.	XCHANGE TERRACE, 3RD FLOOR PROVIDENCE RI 02903
5.	The current mailing address of the limited	liability company and the name or title of a person to whom communications
	may be directed are: Paul Plourde	, Co-Operating Manager
	50 Exchange Terrace, Suite 320	, Providence, RI 02903
6.	A brief statement of the character of the	business in which the limited liability company is actually engaged in this
	state: hold, own, sell, manage	real estate
7.	If the limited liability company has manage Name	ers, the name and address of each manager of the limited liability company Address
	Paul Plourde	50 Exchange Terrace, Suite 320, Providence, RI 02903
	Co-Operating Manager	
	Piyush J. Patel Co-Operating Manager	_50 Exchange Terrace, Suite 320, Providence, RI 02903
Da	ited/ <u>//3/2001</u>	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.
		The Atlantic House, LLC Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY Date: //- //	By funtilled
Che	ck No.:	Co-Operating Manager Title
Ву:	309	Form No. 632 Revised 01/99

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

		··	
D Number DLLC 8406	<u>66</u>	Annual Report for the year 2000	
1. The name of the limit	ed liability company i	s:	<u> </u>
The Atlantic House, L	LC		
2. The address of the pr	incipal office of the li	mited liability company is:	
85 Ocean Road, N	arragansett, Rho	ode Island	
3. The state or other juri	sdiction under the la	ws of which it is formed is RHODE ISLAND	
4. The name and addres	ss of its resident age:	ntis: PAUL PLOURDE	
50 Exchange Terr	ace, 3rd Floor		<u> </u>
5. The current mailing a	ddress of the limited	liability company and the name or title of a person to whom communic	ations
may be directed are:	Paul Plourde		
50 Eychange Terr	race 3rd Floor	Providence, Rhode Island 02903	
state: hold, own	n, sell, manage	real estate ers, the name and address of each manager of the limited liability com Address 50 Exchange Terrace, 3rd Floor XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
_Co-Operating_Ma	mager	Providence, Rhode Island 02903	
Piyush J. Patel		50 Exchangé Terrace, 3rd Floor	
Co-Operating Ma Dated October 26 8 4 0	, 2000	Providence, Rhode Island 02903 Under penalty of perjury, I declare and affirm that I have examin report, including any accompanying schedules and statement that all statements contained herein are true and correct. The Atlantic House, LLC Exact Name of Limited Liability Company	ed this s, and
POR SECRETARY OF STATE	TE USE ONLY PAID	By Manager Co-Operating Manager	
Check No.:	OCT 3 0 2000	Co-Operating Manager Title Form No. 6	32
n 6	among the land	Revised 01	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID	Number LL 84066	Annual Report for the year 1999				
1.	The name of the limited liability company is	5:				
	85 Ocean Road, LLC					
2.	The address of the principal office of the lin					
3.	The state or other jurisdiction under the law	rs of which it is formed is: RHODE ISLAND				
4.	The name and address of its resident agent					
	One Citizens Plaza, Suite 830, Pr					
5.		sited liability company and the name or title of a person to whom				
	communications may be directed are: Par	ul Plourde, Vice Operating Manager				
	One Citizens Plaza	, Suite 830, Providence, RI 02903				
6.	A brief statement of the character of the t	ousiness in which the limited liability company is actually engaged in this				
	state: Hotel Managment					
7		agers, the name and address of each manager of the limited liability				
	company Name	Address				
	Piyush Patel	One Citizens Plaza, Suite 830, Providence RI 02903				
	Operating Manager					
	Paul Plourde Vice Operating Manager	same				
Da	aled, 19 <u>. 99</u>	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.				
	PAID	85 Ocean Road, LLC				
	OCT 0 = 1000 VA	Exact Name of Limited Liability Company				
	PAID OCT 2 7 1999	By Gallalance				
	SECT OF STATE	Vice- Operating Manager				
		Title				

Form No. LLC-19 Revised 8/97



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

ΙĐ	Number LL 84066	Annual Report for the year 1998				
1.	The name of the limited liability comp	pany is:				
	85 Ocean Road, LLC					
2.	The address of the principal office of the limited liability company is:					
	One Citizens Plaza, Suite 8	30, Providence Rhode Island 02903				
3.	,	the laws of which it is formed is RHODE ISLAND				
4.	The name and address of its residen	-				
7.						
	ONE CITIZENS PLAZA, SUITE 830					
5.	The current mailing address of t	he limited liability company and the name or title of a person to whom				
	communications may be directed are	: Paul Plourde				
		One Citizens Plaza, Suite 830, Providence, RI 02903				
6.	A brief statement of the character of	of the business in which the limited liability company is actually engaged in this				
	state: Hotel Management	, , , , , , , , , , , , , , , , , , , ,				
7.	<u>-</u>	anagers, the name and address of each manager of the limited liability company Address				
	Piyush J. Patel	One Citizens Plaza, Suite 830, Providence, RI 02903				
	Operating Manager					
	Paul Plourde	same				
	Vice Operating Manage	er				
Da	ted <u>October 29</u> , 19 98	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. 85 Ocean Road, LLC Exact Name of Limited Liability Company				
	FOR SECRETARY OF STATE USE ONLY Date: 1	By Land Hann				
Ву:	ID J	Vice-Operating Manager				



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

ID	Number	0084066		Annual Report for the year _	1997			
1.	The nam	e of the limited liab	ility company i	is:				
	<u> 55 D</u>	cean Road, L	<u> </u>					
2.	The address of the principal office of the limited liability company is:							
	One Cit	<u>tizens Plaza, S</u>	Suite 830, 1	Providence Rhode Island 02903				
3.	The state	e or other jurisdictio	n under the law	ws of which it is formed is: Rhode Island				
4.	The nam	ne and address of its	s resident ager	nt is: <u>Paul_Plourde</u>				
			(One Citizens Plaza, Suite 830, Providence I	RI 02903			
5.	The cur	rent mailing addre	ess of the lin	nited liability company and the name or title of a	person to whom			
	commun	ications may be dir	ected are: <u>P</u>	aul Plourde				
			One	Citizens Plaza, Suite 830, Providence RI)2903			
6.	state:	Hotel Managemer	nt	business in which the limited liability company is actual agers, the name and address of each manager of				
7.	company	y	Jany nas man		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Name		Address				
	_Piyus	h J. Patel	=.	One Citizens Plaza, Suite 830 Providence	RI_02903			
	Op	erating Manage	<u>r</u>					
	Paul	Plourde	<u> </u>	same				
	Vi	ce Operating Ma	anager					
Da	ated	 _	19 <u>97</u>	Under penalty of perjury, I declare and affirm that I he report, including any accompanying schedules and that all statements contained herein are true and corre	d statements, and			
		FILED		85 Ocean Road, LLC				
		OCT 9 1997		Exact Name of Limited Liability Company				
	P _W	019/09	2 910	By Mars Hum				
	-	- (JAH)		Vice-Operating Manager	<u></u>			
				Title				

To be filed annually between September 1 and November 1

State of Rhode Island and Providence Plantations

Office of the Secretary of State Corporation Division 100 North Main Street Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D.# 84066

Annual Report for the year 1996

LLO 1.D.# 0	04000	Auman report for the year 1000					
FIRST:	The name of the limited liability company is: 85 Ocean Roa	d, LLC					
SECOND:	OND: The address of the principal office of the limited liability company is:						
	One Citizens Plaza, Suite 830, Providence, Rhode Island 02903						
THIRD:	: The state or other jurisdiction under the laws of which it is f	ormed is: Rhode Island					
FOURTH: The name and address of its resident agent is: Paul Plourde							
	One Citizens Plaza, Suite 830, Providence,	Rhode Island 02903					
FIFTH: The current mailing address of the limited liability company and the name or title of a person to who communications may be directed are: Paul Plourde							
	One Citizens Plaza, Suite 830, Providence, F						
SIXTH:	Hotel Management Hotel Management	the corporation is actually engaged in this state:					
Dated J	yt, 25, 19 96 85 Ocean Road, Exa	LLC ct Name of Limited Liability Company					
File Date:	11/100 Pu Jan	2 Claux					
Check No:	1 1 10 10	igned in the manner required by the home state.					
By: For Sec	Title Vice-Operating Manager						