



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 84066		2 Exact name of the limited liability company The Atlantic House, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island HOTEL MANAGEMENT			
5 Principal office address 50 Ocean Road		City Narragansett		State RI	Zip 02882
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul Plourde		Contact Title Co-Operating Manager			
Street Address 50 Exchange Terrace, Suite 320		City Providence		State RI	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) <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 Piyush J. Patel		Manager Name Paul Plourde			
Street Address 50 Exchange Terrace, Suite 320		Street Address 50 Exchange Terrace, Suite 320			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 PAUL PLOURDE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN			
Address 50 EXCHANGE TERRACE, SUITE 320		City PROVIDENCE		Zip 02903	

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



84066

File Date	10/26/05
Check No.	7542
By:	CCW
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 **10/18/05**
Piyush J. Patel, Operating Manager
Print or Type Name of Authorized Person



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. 84066		2. Exact name of the Limited liability company The Atlantic House, LLC	
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOTEL MANAGEMENT	
5. Principal office address 50 Ocean Road		City Narragansett	State RI
		Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Paul Plourde		Contact Title Co-Operating Manager	
Street Address 50 Exchange Terrace, suite 320		City Providence	State RI
		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) <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 Piyush J. Patel		Manager Name Paul Plourde	
Street Address 50 Exchange Terrace, suite 320		Street Address 50 Exchange Terrace, suite 320	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
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 PAUL PLOURDE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN	
Address 50 EXCHANGE TERRACE, 3RD FLOOR		City PROVIDENCE	Zip 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	11/1/04
Check No	1293
By	PA
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 **Piyush J. Patel** Date **11/1/04**
Piyush J. Patel, Co-Operating Manager
Print or Type Name of Authorized Person



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# 84066		2. Exact name of the limited liability company The Atlantic House, LLC	
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOTEL MANAGEMENT	
5. Principal office address 50 Ocean Road		City Narragansett	State RI
		Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Paul Plourde		Contact Title Co-Operating Manager	
Street Address 50 Exchange Terrace, Suite 320		City Providence	State RI
		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) <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 Piyush J. Patel		Manager Name Paul Plourde	
Street Address 50 Exchange Terrace, Suite 320		Street Address 50 Exchange Terrace, Suite 320	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
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 PAUL PLOURDE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN	
Address 50 EXCHANGE TERRACE, 3RD FLOOR		City PROVIDENCE	Zip 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 *

FILED

File Date	NOV 21 2003
Check No	By M12420
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.

 **11/12/03**
Signature of Authorized Person Date
Piyush J. Patel, Co-Operating Manager
Print or Type Name of Authorized Person



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)

1. ID No. 84066		2. Exact name of the limited liability company The Atlantic House, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOTEL MANAGEMENT	
5. Principal office address 50 Ocean Road		City Narragansett	State RI
		Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Paul Plourde		Contact Title Co-Operating Manager	
Street Address 50 Exchange Terrace, Suite 320		City Providence	State RI
		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) <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 Piyush J. Patel		Manager Name Paul Plourde	
Street Address 50 Exchange Terrace, Suite 320		Street Address 50 Exchange Terrace, Suite 320	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
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 PAUL PLOURDE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN	
Address 50 EXCHANGE TERRACE, 3RD FLOOR		City PROVIDENCE	Zip 02903

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



* 8 4 0 6 6 *

File Date	<u>11-13-02</u>
Check No.	<u>469</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.

[Signature] 11/13/02
Signature of Authorized Person Date
Piyush J. Patel, Co-Operating Manager
Print or Type Name of Authorized Person

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number DLLC 84066

Annual Report for the year 2001

1. The name of the limited liability company is:

The Atlantic House, LLC

2. The address of the principal office of the limited liability company is:

50 Ocean Road, Narragansett, RI

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: PAUL PLOURDE, ESQ.

PLOURDE, BOGUE, MCLAUGHLIN 50 EXCHANGE 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 managers, the name and address of each manager of the limited liability company

Name

Address

Paul Plourde

50 Exchange Terrace, Suite 320, Providence, RI 02903

Co-Operating Manager

Piyush J. Patel

50 Exchange Terrace, Suite 320, Providence, RI 02903

Co-Operating Manager

Dated 11/3/2001

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.



8 4 0 6 6

The Atlantic House, LLC

Exact Name of Limited Liability Company

By

Co-Operating Manager

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 11-5-01

Check No.: 309

By: [Signature]

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number DLLC 84066

Annual Report for the year 2000

1. The name of the limited liability company is:

The Atlantic House, LLC

2. The address of the principal office of the limited liability company is:

85 Ocean Road, Narragansett, Rhode Island

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: PAUL PLOURDE

50 Exchange Terrace, 3rd Floor

ONE CITIZENS PLAZA, SUITE 800 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

50 Exchange Terrace 3rd Floor,

ONE CITIZENS PLAZA, SUITE 800, Providence, Rhode Island 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 managers, the name and address of each manager of the limited liability company

<i>Name</i>	<i>Address</i>
Paul Plourde	50 Exchange Terrace, 3rd Floor XXXXXXXXXXXXXXXXXXXXXXXXXXXX

<u>Co-Operating Manager</u>	<u>Providence, Rhode Island 02903</u>
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Piyush J. Patel	50 Exchange Terrace, 3rd Floor XXXXXXXXXXXXXXXXXXXXXXXXXXXX
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Co-Operating Manager	Providence, Rhode Island 02903
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Dated October 26, 2000

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

By [Signature]

Co-Operating Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

PAID

Check No.:

OCT 30 2000

By:

SECRET

Form No. 632
Revised 01/99

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number LL 84066

Annual Report for the year 1999

1. The name of the limited liability company is:
85 Ocean Road, LLC
2. The address of the principal office of the limited liability company is:
One Citizens Plaza, Suite 830, Providence, RI 02903
3. The state or other jurisdiction under the laws of which it is formed is: RHODE ISLAND
4. The name and address of its resident agent is: PAUL PLOURDE
One Citizens Plaza, Suite 830, 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, Vice Operating Manager
One Citizens Plaza, Suite 830, 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: Hotel Managment
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Piyush Patel
Operating Manager
Paul Plourde
Vice Operating Manager

One Citizens Plaza, Suite 830, Providence RI 02903
same

Dated , 19 99

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

OCT 27 1999

SECY OF STATE

85 Ocean Road, LLC

Exact Name of Limited Liability Company

By Paul Plourde

Vice- Operating Manager

Title

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number LL 84066

Annual Report for the year 1998

1. The name of the limited liability company is:

85 Ocean Road, LLC

2. The address of the principal office of the limited liability company is:

One Citizens Plaza, Suite 830, Providence Rhode Island 02903

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: PAUL PLOURDE

ONE CITIZENS PLAZA, SUITE 830 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

One Citizens Plaza, Suite 830, 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: Hotel Management

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Piyush J. Patel

One Citizens Plaza, Suite 830, Providence, RI 02903

Operating Manager

Paul Plourde

same

Vice Operating Manager

Dated October 29, 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.



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85 Ocean Road, LLC

Exact Name of Limited Liability Company

By Paul Plourde

Vice-Operating Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 11-2-98

Check No.: 17573

By: 160

Form No. LLC-19
Revised 8/97

DETACH BOTTOM BEFORE RETURNING

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number 0084066

Annual Report for the year 1997

1. The name of the limited liability company is:

85 Ocean Road, LLC

2. The address of the principal office of the limited liability company is:

One Citizens Plaza, Suite 830, Providence Rhode Island 02903

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: Paul Plourde

One Citizens Plaza, Suite 830, 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

One Citizens Plaza, Suite 830, 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: Hotel Management

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Piyush J. Patel

One Citizens Plaza, Suite 830 Providence RI 02903

Operating Manager

Paul Plourde

same

Vice Operating Manager

Dated 10/9, 19 97

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

By [Signature]

Vice-Operating Manager

Title

FILED

OCT 9 1997

By 91959
00115970

Filing Fee: \$50.00

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**

FIRST: The name of the limited liability company is: **85 Ocean Road, LLC**

SECOND: 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 formed 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 whom communications may be directed are:

Paul Plourde

One Citizens Plaza, Suite 830, Providence, Rhode Island 02903

SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state:

Hotel Management

Dated Sept. 25, 19 96

85 Ocean Road, LLC

Exact Name of Limited Liability Company

File Date: 9/26/93

Check No: 14506

By: [Signature]

For Secretary of State Use Only

*By [Signature]

**To be signed in the manner required by the home state.*

Title Vice-Operating Manager