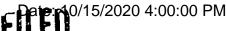
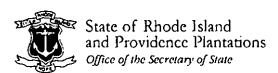
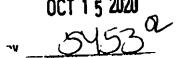
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A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

Filing Period: September 1 - November 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by Inw

(R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00. 2 Exact name of the limited liability company 1 11) No 131067 INNSIGHT HOSPITALITY, LLC 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island bed and breakfast Rhode Island 5. Principal office address City State Zip RI Westerly 02891 190 Shore Road 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name

Michael Cardiff Member Street Address City State ZID 190 Shore Road Westerly RI 02891 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Street Address Sireci Address City z.ip City Zip Manager Name Manager Name Street Address Street Address Cin State Zip City Vate Ζφ

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

•	
File Date	
Check No.	
<b>П</b> у:	
	FOR SECRETARY OF STATE USE ONLY

8. RESIDENT AGENT IN RHODE ISLAND

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 Date

Michael Cardiff

Print or Type Name of Authorized Person