

RECEIVED

R.I. DEPT. OF STATE

BUS SYCS DIV

2020 OCT 27 P 1: 01

Annual Report for the year:	2020
Limited Liability Company	

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001696749	Exact name of the Limited Liability Company     100 Sabin Hotel Beverage, LLC					
3. NAICS Code 721110	4. Brief description of the character of business conducted in Rhode Island Management services, license holder, to run hotel.					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
1140 Reservoir Avenue			Cranston	RI	02920	
7. Mailing Address of Limited Lie		y and Name or Titl	e of Contact Person			
Contact Name Natasha V. Ruane			Contact Title Corporate Counsel			
Street Address 1140 Reservoir Avenue			City Cranston	State RI	<sup>Zip</sup> 02920	
8. List ALL managers (names a		of the Limited Liab	oility Company, IF APPLICA	ABLE - DO NOT LIST N	MEMBERS	
Manager Name Elizabeth A. Procaccianti			Manager Name			
Street Address 1140 Reservoir Avenue		Street Address				
City Cranston	State RI	Zlp 02920	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>	<u>, ,                                    </u>		Check the box to it	ndicate an attachment	
9. The Resident Agent information	on currently of	record with the RI	Department of State is acc	curate. Changes require	a filing Form 642.	
Under penalty of perjury, I dec statements, and that all states				Ing any accompanyin	g schedules and	
Name of Authorized Person			Date	Date		
Elizabeth A. Procaccion(f)			October	October 23, 2020		
Signature of Authorized Person						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

OCT 2 7 2020

BY\_

FORM 632 - Revised: 08/2020