	State of Rhode Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc. penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000799638</u>			
2. Exact Name of the Limited Liability Company Westerly Inns, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>721110</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in R	hode Island
HOTEL			
5. Principal Office Addre	SS		
	<u>INCHRIS</u> 'ATER ST., STE. A-125		
City or Town: <u>PLYN</u>	IOUTH Sta	te: <u>MA</u> Zip: <u>02360</u> Co	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
225 W	<u>NCHRIS</u> ATER ST., STE. A-125		
City or Town: PLYMOUTH State: MA Zip: 02360 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.			
DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip	Code, Country

GLENN GISTIS

MANAGER

C/O LINCHRIS, 225 WATER ST., STE. A-125

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK, RI 02888

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

Signed this 30 Day of October, 2020 at 4:41:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>GLENN GISTIS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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