RI SOS Filing Number: 202185923370 Date: 1/12/2021 11:06:00 AM

State of Rhode Islan Department o		ness Service	s Division			
nnual Report for th	e vear: 2019				MARIP	
imited Liability Con	e year			2 92	20	
→ Filing period: September 1 - November 1					R.I. 1 81 2021	
→ Filing Fee: \$50.00				Ä	SEMES.	
→ Penalty: Additional \$2	5.00 fee if form is	not filed by Dece	mber 1.	JAN112	SVS TO	
I. Entity ID Number	2. Exact nam	2. Exact name of the Limited Liability Company				
00113128	EIGHTY-FIV	2. Exact name of the Limited Liability Company EIGHTY-FIVE OCEAN ROAD IN NARRAGANSETT. LLC 4. Brief description of the character of business conducted in Rhode Island				
3. NAICS Code 531311	4. Brief desc HOTEL					
5. State of Formation RI						
6. Principal Office Address		City	State	Zip		
85 OCEAN ROAD			NARRAGANSETT	RI	02882	
7. Mailing Address of Limite	i	y and Name or Til				
Contact Name PIYUSH PATEL			Contact Title OWNER			
Street Address 85 OCEAN ROAD			City NARRAGANSETT	State RI	Zip 02882	
		of the Limited Lia	bility Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name PIYUSH PATEL			Manager Name			
Street Address 85 OCEAN ROAD			Street Address			
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. The Resident Agent infor	rmation currently o	f record with the R	I Department of State is accurat	e. Changes requi	re filing Form 642.	
Under penalty of perjury, statements, and that all s	I declare and affi	rm that I have ex	amined this report, including a	nny accompanyii	ng schedules and	
Name of Authorized Person				Date		
PIYUSH PATEL				01/11/21		
Signature of Authorized Pe	erson					

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**

JAN 1 2 2021

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