



State of Rhode Island

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUL 21 P 2:46

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number: 001727077		2. The name of the corporation is: Aloft Hotel Management, Inc.	
3. The document to be corrected is: Application for Certificate of Authority (Form 150)		4. The date the document being corrected was originally filed: 07/19/2021	
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: Section 7, "The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Liquor License" is to be replaced with the language below. Check the box to indicate an attachment ☐			
6. The new corrected portion of the document states as follows: Section 7 of Form 150 to now read: "The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: To manage and/or operate hotels and related facilities including restaurants holding liquor licenses and providing off-site catering services, and for other lawful purposes." Check the box to indicate an attachment ☐			
7. The corrected document MUST be attached to this certificate.			
8. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.			

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
STAMP
JUL 21 2021
BY DUXF9
2:46
FORM 113 - Revised: 08/2020

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

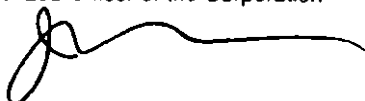
Type or Print Name of Authorized Officer of the Corporation

Jeffrey S. Michaelson, Esq.

Date

07/21/2021

Signature of Authorized Officer of the Corporation





State of Rhode Island

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUL 21 P 2:11

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: Aloft Hotel Management, Inc.		
2. It is incorporated under the laws of: Delaware		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 9/26/2007 And the period of its duration is: CHECK ONE BOX ONLY ☒ Perpetual (on-going) ☐ Date certain for dissolution _____		
5. The address of its principal office is: 10400 Fernwood Road, Bethesda, MD 20817		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name CT Corporation System Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A City/Town East Providence State RHODE ISLAND Zip Code 02914		

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
STAMP

JUL 21 2021

BY **OVXF9**
2:46

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: To manage and/or operate hotels and related facilities including restaurants holding liquor licenses and providing off-site catering services, and for other lawful purposes.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
William P. Brown	10400 Fernwood Road, Bethesda, MD 20817
Ba Giang Valery Bauduin	10400 Fernwood Road, Bethesda, MD 20817
Dorothy M. Ingalls	10400 Fernwood Road, Bethesda, MD 20817

Check the box to indicate an attachment ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	William P. Brown	10400 Fernwood Road, Bethesda, MD 20817
VICE PRESIDENT	Sonia Greene	10400 Fernwood Road, Bethesda, MD 20817
TREASURER	Carolyn Handlon	10400 Fernwood Road, Bethesda, MD 20817
SECRETARY	Andrew Wright	10400 Fernwood Road, Bethesda, MD 20817

Check the box to indicate an attachment ☐

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100	Common		USD \$1.00

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 _____ %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 _____ %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

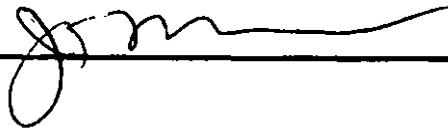
Type or Print Name of Authorized Officer

Jeffrey S. Michaelson, Esq.

Date

07/21/2021

Signature of Authorized Officer of the Corporation



Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALOFT HOTEL MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4429845 8300

SR# 20212689176

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203658428

Date: 07-13-21



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 21, 2021 02:46 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

