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(3)	State of Rhode island  Department of State - Business Services Division

Annual Report for the year: 2023 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY	17	2023	STAMP
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1. Entity ID Number 1660066	2. Exact name of the Limited Liability Company Almondy Inn Management LLC							
3. NAICS Code 72191	Brief description of the character of business conducted in Rhode Island     Inn Management							
5. State of Formation RI								
6. Principal Office Address 25 Pelham Street		City Newport	State RI	Zip 02840				
7. Mailing Address of Limite	d Liability Company and Name or 1	fitle of Contact Person						
Contact Name Diana Sutton Contact Title Member								
Street Address 25 Pelham	Street	City Newport	State RI	<sup>Zip</sup> 02840				
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.								
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements dentained herein are true and correct.								
Name of Authorized Person	Satton		april 3,2)23					
Signature of Authorized Pers	on & the			<del> </del>				

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2815 Phone: (401) 222-3040 Website: www.sos.ri.gov