	State of F Office of the S	Rhode Island Secretary of		Fee: \$50.00
<b>*</b>	Division Of H	Business Servio	ces	
	148 W.	River Street		
	Providence	RI 02904-261	5	
1636	(401)	222-3040		
Limited Liability Company Annual Report Filing Period: February 1 - May 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR <b>2023</b> : <u>2023</u>				
1. ID No. <u>001015166</u>				
2. Exact Name of the Limited Liability Company <u>BT Hotel Warwick Concession LLC</u>				
3. State of Formation				
State: <u>DE</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>722511</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
HOTEL & RES	STAURANT			
5. Principal Off	ice Address			
No. and Street:	<u>5 WEST 86TH STREET</u> 12E			
City or Town:	NEW YORK	State: <u>NY</u>	Zip: <u>10024</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: No. and Street:	ASAF BAR NATAN Contact Title: <u>5 WEST 86TH STREET</u> <u>12E</u>			
City or Town:	NEW YORK	State: <u>NY</u>	Zip: <u>10024</u>	Country: <u>USA</u>

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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

**Signed this 13 Day of July, 2023 at 5:09:12 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 ASAF BAR NATAN

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved