R	State of Rhode Island Office of the Secretary of S	
	Division Of Business Service	ces
	148 W. River Street	
1 coh	Providence RI 02904-261	5
1630	(401) 222-3040	
Limited Liability	y Company	
Annual Report Filing Period: Feb	ruary 1 - May 1	
- In coordonoo wit	b D I C I Z 16 66(d) as a himitad liability as ma	ny failing or
	h R.I.G.L. 7-16-66(d), each limited liability compa annual report within thirty (30) days after the time	
law (R.I.G.L. 7-16	-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPOR	T YEAR - ENTER THE CURRENT YEAR <b>2024</b> : <u>2</u>	024
1. ID No. <u>000</u>	0161801	
2. Exact Name c	of the Limited Liability Company <u>CRESCENT H</u>	OTELS & RESORTS LLC
3. State of Form	ation	
State: <u>DE</u>		
	NAICS CODE	
-	t NAICS Code that best describes the primary bus	
Download the list	t of codes <u>here.</u> More information on <u>NAICS</u> can	be found online.
<u>561210</u>		
4. Brief Descript Island	ion of the Character of the Business Which is A	ctually Conducted in Rhode
4. Brief Descript		ctually Conducted in Rhode
4. Brief Descript Island	AGEMENT	ctually Conducted in Rhode
4. Brief Descript Island HOTEL MANA	AGEMENT	ctually Conducted in Rhode
4. Brief Descript Island <u>HOTEL MANA</u> 5. Principal Offic	AGEMENT ce Address	ctually Conducted in Rhode
4. Brief Descript Island <u>HOTEL MANA</u> 5. Principal Offic	AGEMENT ce Address 10306 EATON PLACE	
4. Brief Descript Island HOTEL MANA 5. Principal Office No. and Street: City or Town:	AGEMENT ce Address <u>10306 EATON PLACE</u> SUITE 430	Zip: <u>22030</u> Country: <u>USA</u>
4. Brief Descript Island HOTEL MANA 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre	AGEMENT ce Address 10306 EATON PLACE SUITE 430 FAIRFAX State: VA	Zip: <u>22030</u> Country: <u>USA</u>
4. Brief Descript Island HOTEL MANA 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre	AGEMENT ce Address <u>10306 EATON PLACE</u> <u>SUITE 430</u> <u>FAIRFAX</u> State: <u>VA</u> ss of Limited Liability Company and Name or Ti Contact Title: <u>10306 EATON PLACE</u>	Zip: <u>22030</u> Country: <u>USA</u>
4. Brief Descript Island HOTEL MANA 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name:	AGEMENT ce Address <u>10306 EATON PLACE</u> <u>SUITE 430</u> <u>FAIRFAX</u> State: <u>VA</u> ss of Limited Liability Company and Name or Ti Contact Title:	Zip: <u>22030</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

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 24 Day of April, 2024 at 1:26:24 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 MICHAEL GEORGE

Signature of Authorized Person

Form No. 632 Revised 09/07

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