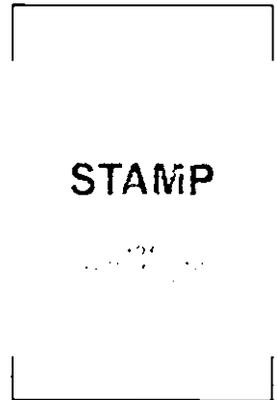




State of Rhode Island  
Department of State - Business Services Division

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**Fictitious Business Name Statement**

DOMESTIC or FOREIGN Limited Liability Company

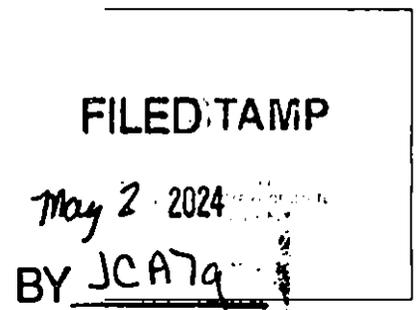
→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number: 000799039	2. The name of the Limited Liability Company is: SMITHFIELD HOSPITALITY LLC
3. The fictitious business name to be used is: HOLIDAY INN EXPRESS & SUITES	
4. The state or country the entity is formed is: RHODE ISLAND	5. The date of formation is: 08/30/2013
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
7. Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.	
Name of Applicant Limited Liability Company SMITHFIELD HOSPITALITY LLC	Date 04/30/2024
Signature of Authorized Person 	

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov



If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.