State of Rhode Island Department of State - Business Services Division

2024 SEP 26 PM 4: 11

Annual Report for the year:	2022
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.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
000799592	Blue Mountain Hospitality LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
721110	Hotels (except Ca	Hotels (except Casino Hotels) and Motels			
5. State of Formation					
RI	;		j i		
6. Principal Office Address		City	State	Zìp	
521 E RXR Plaza		Uniondale	NY	11556	
7. Mailing Address of Limited	d Liability Company and Nam	ne or Title of Contact Person			
Contact Name Chintan Sh	eth	Contact Title Authorized Agent			
Street Address 521 E RXR PLAZA		City Uniondale	State NY	^{Zip} 11556	
8. The Resident Agent inforr	nation currently of record with	h the RI Department of State is accura	e. Changes require	filing Form 642.	
9. Under penalty of perjun	y, I declare and affirm that I atements contained herein	have examined this report, including	g any accompany	ing schedules and	
Name of Authorized Person		Date			
CHINTAN ShETH		9/2	3 2024		
Signature of Authorized Per					

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

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