

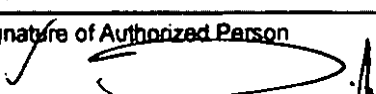


State of Rhode Island
Department of State - Business Services Division

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25 MAY 8 AM 9:14:27

Annual Report for the year: 2024
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 001679686		2. Exact name of the Limited Liability Company RI HOTEL, LLC	
3. NAICS Code 721110		4. Brief description of the character of business conducted in Rhode Island Hotel Accommodations	
5. State of Formation RI			
6. Principal Office Address 51 Anderson Road		City Cheektowaga	State NY
		Zip 14225	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Jayesh Patel		Contact Title Member	
Street Address 51 Anderson Road		City Cheektowaga	State NY
		Zip 14225	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Person Jayesh Patel		Date 03/06/25	
Signature of Authorized Person 			

FILED

MAY 08 2025

BY YP2Q1

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MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov