

State of Rhode Island Department of State - Business Services Division

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 001679686	2. Exact name of the Limited Liability Company RI HOTEL, LLC			
3. NAICS Code 721110	Brief description of the character of business conducted in Rhode Island Hotel Accommodations			
5. State of Formation RI				
6. Principal Office Address		City	State	Zip
51 Anderson Road		Cheektowaga	NY	14225
7. Mailing Address of Limite	d Liability Company and Name or Title	of Contact Person		<u> </u>
Contact Name Jayesh Patel		Contact Title Member		
Street Address 51 Anderson Road		City Cheektowaga	State NY	^{Zip} 14225
8. The Resident Agent Infor	mation currently of record with the RI D	Department of State is accurate	e. Changes require	filing Form 642.
9. Under penalty of perjui	y, I declare and affirm that I have exc atements contained herein are true	mined this report, including		
Name of Authorized Person			Date 03/06/25	
Jayesh Patel			0	310010
Signature of Authorized Par	son			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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