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State of Rhode Island	AU) Q.C
Department of State - Business Services Division	æ ?
Annual Report for the year: 2020	71:5⊮9
Limited Liability Company	4:53
→ Filing period: February 1 - May 1	۵
→ 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				
001679686	RI HOTEL, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
721110	Hotel Accommodations				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
51 Anderson Road	Cheektowaga		NY	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		Cheektowaga	State NY	^{Z/p} 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			Date 2	66/25	
Jayesh Patel			V 03	0010	
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

