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State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2025 **Limited Liability Company**

R.I. DEPT. OF STATE BUS SVCS DIV

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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Entity ID Number	2. Exact name of the Limited Liability Company			
000113122	Plourde Family Hotel Group, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
561110	Hotel Management			
5. State of Formation				
RI				
6. Principal Office Address	•	City	State	Zip
23 Tanglewood Drive		East Providence	RI	02915
7. Mailing Address of Limited Lia	ability Company and Name or Title	of Contact Person	•	
Contact Name Margaret Plourde		Contact Title LLC Member		
Street Address 23 Tanglewood Drive		City East Providence	State RI	^{Zip} 02915
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642				
, , , , , , ,	declare and affirm that I have ex- ments contained herein are true	• · · · · · · · · · · · · · · · · · · ·	ny accompanyi	ng schedules and
Name of Authorized Person			Date	Ca 5
Margaret Plourde			1-1	9-25
Signature of Authorized Person				
Malacege Mounda				

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

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