

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 561110 5. State of Formation	Brief description of the chara Hotel Management	cter of business conducted in Rh	ode Island	
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	e 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				
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				
Margaret Plourde 7 - 29 -				74-25
Signature of Authorized Person McLQClase	f Ploure	2	·	
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MAIL TO:

Division of Business Services

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FORM 632 - Revised, 12/2023