



State of Rhode Island
Department of State - Business Services Division

FILED
 OCT 13 2020

02

Annual Report for the year: 2020
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

BY 217

1. Entity ID Number 1691289		2. Exact name of the Limited Liability Company TRINITY INN, LLC			
3. NAICS Code <i>722511</i>		4. Brief description of the character of business conducted in Rhode Island <i>hospitality</i>			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 155 HARRIS AVENUE			City PORTSMOUTH	State RI	Zip 02871
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CHRISTINE NOLAN			Contact Title MEMBER		
Street Address 155 HARRIS AVENUE			City PORTSMOUTH	State RI	Zip 02871
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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 CHRISTINE NOLAN, MEMBER				Date <i>10/5/2020</i>	
Signature of Authorized Person <i>Christine Nolan</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov