

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000006900

**Entity Name:** HIT PORTFOLIO I HIL TRS, LLC

**Current Principal Place of Business:**

C/O HOSPITALITY INVESTORS TRUST, INC.11325 RANDOM HILLS ROAD  
SUITE 360  
FAIRFAX, VA 22030

**Current Mailing Address:**

C/O HOSPITALITY INVESTORS TRUST, INC.11325 RANDOM HILLS ROAD  
SUITE 360  
FAIRFAX, VA 22030 US

**FEI Number:** 47-2027139

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name HIT PORTFOLIO I TRS HOLDCO, LLC  
Address C/O HOSPITALITY INVESTORS  
TRUST, INC.11325 RANDOM HILLS  
ROAD  
SUITE 360  
City-State-Zip: FAIRFAX VA 22030

Title PRESIDENT, CFO, TREASURER  
Name RIGGINS, BRUCE A.  
Address C/O HOSPITALITY INVESTORS  
TRUST, INC.11325 RANDOM HILLS  
ROAD  
SUITE 360  
City-State-Zip: FAIRFAX VA 22030

Title SECRETARY, OTHER  
Name BROOKS, TARA KEATING  
Address C/O HOSPITALITY INVESTORS  
TRUST, INC.11325 RANDOM HILLS  
ROAD  
SUITE 360  
City-State-Zip: FAIRFAX VA 22030

Title COO  
Name FOWLER, MARK  
Address C/O HOSPITALITY INVESTORS  
TRUST, INC.11325 RANDOM HILLS  
ROAD  
SUITE 360  
City-State-Zip: FAIRFAX VA 22030

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BRUCE A. RIGGINS**

**PRESIDENT**

**01/28/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date