



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street, Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

|                                                  |             |                                                                                                                                          |               |               |     |
|--------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|-----|
| 1. ID No.<br>144707                              |             | 2. Exact name of the limited liability company<br>GP Providence KP, LLC                                                                  |               |               |     |
| 3. State of Formation<br>RHODE ISLAND            |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>DEVELOP, OWN AND MANAGE REAL ESTATE |               |               |     |
| 5. Principal office address<br>7 JACKSON WALKWAY |             | City<br>PROVIDENCE                                                                                                                       | State<br>RI   | Zip<br>02903- |     |
| Contact Name<br>MARY STOLMEIER                   |             | Contact Title<br>ASSISTANT SECRETARY                                                                                                     |               |               |     |
| Street Address<br>7 JACKSON WALKWAY              |             | City<br>PROVIDENCE                                                                                                                       | State<br>RI   | Zip<br>02903- |     |
| Manager Name<br>GILBANE DEVELOPMENT COMPANY      |             | Manager Name                                                                                                                             |               |               |     |
| Street Address<br>7 JACKSON WALKWAY              |             | Street Address                                                                                                                           |               |               |     |
| City<br>PROVIDENCE                               | State<br>RI | Zip<br>02903                                                                                                                             | City          | State         | Zip |
| Manager Name                                     |             | Manager Name                                                                                                                             |               |               |     |
| Street Address                                   |             | Street Address                                                                                                                           |               |               |     |
| City                                             | State       | Zip                                                                                                                                      | City          | State         | Zip |
| Agent Name<br>MARY STOLMEIER                     |             | Address<br>7 JACKSON WALKWAY                                                                                                             |               |               |     |
| Address<br>GILBANE DEVELOPMENT COMPANY           |             | City<br>PROVIDENCE                                                                                                                       | Zip<br>02903- |               |     |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



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\*144707 DLLC 02/13/07 02:25:12 PM\*

File Date 9-10-07

Check No. 112135

By: mmc

FOR SECRETARY OF STATE USE ONLY

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.

Matthew P. Lawrence 8/31/07  
Signature of Authorized Person Date

**MATTHEW P. LAWRENCE**  
Print or Type Name of Authorized Person