

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

	To a	-					
1. ID No. 000121438	2. Exact name of the limited liability company Storage Assets of Pawtucket, L.L.C.						
3. State of Formation	I	4. Brief description of the character of the husiness which is actually conducted in Rhode Island					
Delaware	INVESTMEN	IT IN SELF STORAG	SE WAREHOUSES				
5. Principal office addre			City	State	Zip		
2795 East Cottonwood Parkway # 400			Salt Lake City	lυτ	84121		
6. MAILING ADDR	ess of limited liab	ILITY COMPANY AN	D NAME OR TITLE OF CONTAC	T PERSON:			
Contact Name			Contact Title				
Amanda C McDonald			POA	POA			
Street Address			City	State	Zip		
120 S Central Ave, Suite 400			Clayton	МО	63105		
7. NAME AND ADE	BESS OF FACH MANA	CER OF THE LIGHT	D LIABILITY COMPANY, IF AP				
rado a benig		SPACES BEFORE US		OR ATTACHMENT)			
Manayer Name			itasko se en para para para para para para para par				
G			manager roome				
Street Address			Street Address				
•			SHEEL AMINES				
City	State	Zip	City	I c			
9.4,	Shine	Lφ	CH,F	State	Zip		
Manager Name			**************************************				
and the second			Manager Name				
Street Address			Street Address				
			Street Materess				
City	State	Zψ	City	State	Zip		
		l'			24)		
8. RESIDENT AGEN	IT IN RHODE ISLAND	- DO NOT ALTER - C	hanges require filing of Form	642 - R.I.G.L. 7-16-			
Agent Name			Address	CC (CCC-1002) CDDCCC CCCCCCCCCCCCCCCCCCCCCCCCCCCCCC			
CT Corporation S	System		10 WEYBOSSET S	TREET			
Address			City	City Zip			
			Providence	ا	φ V U 02903 🖼 ↔		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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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.

Signature of Authorized Person

Date

Amanda C McDonald

Print or Type Name of Authorized Person