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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 149671	2. Exact name of the limited liability company: Athena - Providence Place (Leasehold) LLC
3. State of Formation: Delaware	4. Brief description of the character of the business which is actually conducted in Rhode Island: Acquisition of Property with address of 903 Providence Place, Providence RI 02903

5. Principal office address	City	State	Zip
c/o Athena Group LLC - 712 5th Ave 8th Fl.	New York	NY	10019

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Maria Sulcer	Chief Administration Officer		
Street Address	**City**	**State**	**Zip**
The Athena Group 712 5th Avenue	New York	NY	10019

7. NAME AND ADDRESS OF EACH MANAGER OF THE LLC, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS (CHECK BOX FOR ATTACHMENT) ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Louis M. Dubin	c/o Athena Group LLC - 712 5th Avenue	New York	NY	10019
Steven F. Adler	c/o Athena Group LLC, 712 5th Ave	New York	NY	10019
Barry S. Seidel	c/o Athena Group LLC - 712 5th Avenue	New York	NY	10019
Jack M. Rosenfield	c/o Athena Group LLC, 712 5th Ave.	New York	NY	10019

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L 7-16-11

Agent Name	Address		
Corporation Service Co.	222 Jefferson Boulevard		
Address	**City**	**Zip**	
fg	Warwick	02888	

Payee: Secretary of State

This report must be **signed in ink** *by an authorized person pursuant to 7-16-66.*

FILED	
File Date	NOV 30 2007
Check No.	
By:	1010
FOR SECRETARY OF STATE USE ONLY	

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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.

Maria J. Sulcer 11/15/07
Signature of Authorized Person *Date*

Maria J. Sulcer
Print or Type Name of Authorized Person

Form 632 Rev. 6/02