



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 2008

**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.

1. ID No. 000201100		2. Exact name of the limited liability company O ICE, LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Buy, own and lease commercial real estate	
5. Principal office address 600 La Terraza Blvd.		City Escondido	State CA
		Zip 92025	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Michael R. Pfeiffer			
		Contact Title EXEC. VP. GENERAL COUNSEL OF	REALTY INCOME CORPORATION, ITS SOLE & MANAGING MEMBER
Street Address 600 La Terraza Blvd.		City Escondido	State CA
		Zip 92025	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address 600 La Terraza Blvd.		Street Address	
City	State	Zip	City
			State
			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Corporation Service Company		Address 222 Jefferson Blvd.	
Address Suite 200		City Warwick	Zip 02888

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

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

08-14-08  
Date

Michael R. Pfeiffer

Print or Type Name of Authorized Person

File Date	8-28-08
Check No.	034847
By:	MNC
FOR SECRETARY OF STATE USE ONLY	