State of Rhode Island and Providence Plantations Office of the Secretary of State Fee: \$30. Corporations Division 148 W, River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040 Secretary of State Limited Liability Company Annual Report Fee: \$30. In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thiny (30) days after the time prescribed by law (R.I.G.L. 7-16-66(bSc)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2008 Image: Company Company Paramount Management Associates, LLC 3. State of Formation State: Nu State of Formation State: Nu State: Nu 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Tow: EARFIELD State: NJ Zp: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 PARAMOUNT HOTEL GROUP City or Tow: EARFIELD State: NJ Zp: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 PARAMOUNT HOTEL GROUP City or Tow: EARFIELD State: NJ Zp: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO	RALPH MOILE	ate of Rhode Island and P		= 0 0
148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040 Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thiny (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), eoch limited liability company failing or refusing to file its annual report within thiny (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), eoch limited liability company failing or refusing to file its annual report within thiny (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), eoch limited liability company failing or refusing to file its annual report within thiny (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), eoch limited liability company failing or refusing to file its annual report within thiny (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), eoch limited liability company failing or refusing to file its annual report within thiny (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), eoch limited liability Company Paramount Management Associates, ILLC 3. State of Formation State: NJ 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 EVAROUNT HOTEL GROUP City or Town: EAIRFIELD State: NJ Zip: 07004 Country: USA 6. Mailing Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBERS Title Indi				50.00
148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within tury (20) days after the time prescribed by law (R.I.G.L. 7-16-66(bkde)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2008 1. ID No. 000111522 2. Exact Name of the Limited Liability Company Paramount Management Associates, LLC 3. State of Formation State: NJ 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 PARAMOUNT HOTEL 205 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 070		Corporations I	Division	
Telephone: (401) 222-3040 Imited Liability Company Annual Report Hing Period: September 1 - November 1 in accordance with R1.G.L. 7-16-66(bl. each limited liability company failing or refusing to lie its annual report with initing (20) days after the time prescribed by law (R1.G.L. 7-16-66(bl.c.)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2008 1. ID No. 000111522 2. Exact Name of the Limited Liability Company Paramount Management Associates, LL.C 3. State of Formation State: NJ 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUTTE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address, City or		-		
Limited Liability Company Annual Report Filing Period: September 1 - November 1 naccordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lie its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. P-16-66(b.C.)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2008 1. ID No. 000111522 2. Exact Name of the Limited Liability Company Paramount Management Associates, LLC 3. State of Formation State: NJ 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: EAIRFIELD State: NJ State: NJ 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: Chailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: Title Individual Name Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS </td <td></td> <td>,</td> <td></td> <td></td>		,		
Annual Report Hing Period: September 1 - November 1 in accordance with R.I.G.L. 7-16-66(D), each limited liability company failing or refusing to life its annual report within thinty (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 ANNUAL REPORT YEAR: 2008 1. ID No. 000111522 2. Exact Name of the Limited Liability Company Paramount Management Associates, LLC 3. State of Formation State: NJ 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD State: NJ 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	Petary of St	Telephone: (401)	222-3040	
Filing Period. September 1 - November 1 n accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to le its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. P-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2008 1. ID No. 000111522 2. Exact Name of the Limited Liability Company Paramount Management Associates, LLC 3. State of Formation State: NJ 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address, City or Town, State, Zip Code, Country Title Individual Name Address, City or Cown, State, Zip Code, Coun	-	bany		
n accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to le its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. P-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2008 1. ID No. 000111522 2. Exact Name of the Limited Liability Company Paramount Management Associates, LLC 3. State of Formation State: NJ 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD 5. Principal Offices Address No. and Street: 710 ROUTE 46 EAST SUITE 206 Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD 5. Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD 5. State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		November 1		
ile 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 ANNUAL REPORT YEAR: 2008 1. ID No. 000111522 2. Exact Name of the Limited Liability Company Paramount Management Associates, LLC 3. State of Formation State: NU 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town. State, Zip Code, Country: USA Title Individual Name First, Middle, Last, Suffix Address, City or Town. State, Zip Code, Country MANAGER Address of Each Manager of the Limited Liability Company , if Applicable. DO NOT LIST MEMBERS Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address				
P-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2008 1. ID No. 000111522 2. Exact Name of the Limited Liability Company Paramount Management Associates, LLC 3. State of Formation State: NJ 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER				
1. ID No. 000111522 2. Exact Name of the Limited Liability Company Paramount Management Associates, LLC 3. State of Formation State: NJ 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA				
2. Exact Name of the Limited Liability Company Paramount Management Associates, LLC 3. State of Formation State: NJ 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA	ANNUAL REPORT YEAR:	2008		
2. Exact Name of the Limited Liability Company Paramount Management Associates, LLC 3. State of Formation State: NJ 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD State: NJ zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA	1. ID No. 000111522			
3. State of Formation State: NJ 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA Ame and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER				
State: NJ 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	2. Exact Name of the Lim	nited Liability Company Paramo	unt Management Associates, LLC	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST RAMAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	3. State of Formation			
HOTEL MOTEL 5. Principal Office Address No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	State: <u>NJ</u>			
No. and Street: 710 ROUTE 46 EAST, SUITE 206 PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address Address Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA				
PARAMOUNT HOTEL GROUP City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	5. Principal Office Addres	S		
City or Town: FAIRFIELD State: NJ Zip: 07004 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	No. and Street: 710 ROU	ΓΕ 46 EAST, SUITE 206		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address Address Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA			a .	
Contact Name: Contact Title: No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA	City or Town: <u>FAIRFIEL</u>	<u>_D</u>	State: <u>NJ</u> Zip: <u>07004</u> Country: <u>U</u>	JSA
No. and Street: 710 ROUTE 46 EAST SUITE 206 City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA States FAIRFIELD, NJ 07004 USA	6. Mailing Address of Lim	ited Liability Company and Nar	ne or Title of Contact Person:	
City or Town: FAIRFIELD State: NJ Zip: 07004 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA State: NJ State: NJ 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER State: NJ Zip: 07004	0	tle		
Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA FAIRFIELD, NJ 07004 USA	-			
DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA FAIRFIELD, NJ 07004 USA 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	Contact Name: Contact Ti No. and Street: <u>710 RC</u>	OUTE 46 EAST SUITE 206		
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA FAIRFIELD, NJ 07004 USA	Contact Name: Contact Tir No. and Street: <u>710 RC</u>	OUTE 46 EAST SUITE 206	State: <u>NJ</u> Zip: <u>07004</u> Country: <u>US</u>	<u>A</u>
MANAGER DAVID SIMON 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA FAIRFIELD, NJ 07004 USA 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	Contact Name: Contact Tir No. and Street: <u>710 RO</u> City or Town: <u>FAIRFI</u> 7. Name and Address of B	DUTE 46 EAST SUITE 206 IELD Each Manager of the Limited Li		<u>A</u>
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	Contact Name: Contact Tir No. and Street: <u>710 RO</u> City or Town: <u>FAIRFI</u> 7. Name and Address of B DO NOT LIST MEMBER	DUTE 46 EAST SUITE 206 ELD Each Manager of the Limited Li S Individual Name	ability Company, if Applicable.	<u>A</u>
	Contact Name: Contact Tir No. and Street: <u>710 RO</u> City or Town: <u>FAIRFI</u> 7. Name and Address of B DO NOT LIST MEMBER	DUTE 46 EAST SUITE 206 ELD Each Manager of the Limited Li S Individual Name	ability Company, if Applicable.	
	Contact Name: Contact Tir No. and Street: <u>710 RO</u> City or Town: <u>FAIRF</u> 7. Name and Address of B DO NOT LIST MEMBER	DUTE 46 EAST SUITE 206 ELD Each Manager of the Limited Li S Individual Name First, Middle, Last, Suffix	ability Company, if Applicable. Address Address, City or Town, State, Zip Code, Country 710 ROUTE 46 EAST	
	Contact Name: Contact Tir No. and Street: <u>710 RO</u> City or Town: <u>FAIRF</u> 7. Name and Address of B DO NOT LIST MEMBER	DUTE 46 EAST SUITE 206 ELD Each Manager of the Limited Li S Individual Name First, Middle, Last, Suffix	ability Company, if Applicable. Address Address, City or Town, State, Zip Code, Country 710 ROUTE 46 EAST	
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	Contact Name: Contact Tir No. and Street: 710 RO City or Town: FAIRFI 7. Name and Address of B DO NOT LIST MEMBER: Title MANAGER	ELD Each Manager of the Limited Li S Individual Name First, Middle, Last, Suffix DAVID SIMON	ability Company, if Applicable. Address Address, City or Town, State, Zip Code, Country 710 ROUTE 46 EAST FAIRFIELD, NJ 07004 USA	

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888-

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

Signed this 4 Day of September, 2008 at 11:40:17 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>DIANE CANNON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2008 State of Rhode Island and Providence Plantations All Rights Reserved