RI SOS Filing Number: 200836265590 Date: 10/08/2008 4:00 PM

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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.	2. Exact name of the limited liability company
116731	R. A. Providence LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Delaware	Lessor of real estate property

5. Principal office address	City	State	Zip
225 High Ridge Road, Suite 300W	Stamford	CT	06905

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

Contact Name	Contact Title
Donna N. Lyde	Assistant Secretary, Grant Holdings, INc.

Street Address	City	State	Zip
225 High Ridge Road, Suite 300W	Stamford	CT	06905

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Grant Holdings, Inc.	225 High Ridge Road, Suite 300W	Stamford	CT	06905

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

[redacted] [redacted]

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.

Grant Holdings, Inc.
by: John M. Spera

Signature of Authorized Person *Date*

John M. Spera, VP & Treasurer

Print or Type Name of Authorized Person

[redacted]

File Date FILED
Check No. OCT 08 2008
By: By 1004633

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Form 632 Rev. 08/08