

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	t name of the limited liability company				
116731	R. A. Provid	A. Providence LLC				
3. State of Formation Delaware		of the character of the busin	ess which is actually conducted in Rhode property	s Island		
5. Principal office address	. <u> </u>		City	State	Zip	
225 High Ridge Road, Suite 300W			Stamford	СТ	06905	
6. MAILING ADDRES Contact Name	SS OF LIMITED LIABIL	ITY COMPANY AND N	AME OR TITLE OF CONTACT Contact Title	PERSON		
Donna N. Lyd	le		Assistant Sec	retary. Grant H	loldings, INc.	
Street Address			City	State	Zip	
225 High Rid	ge Road, Suite	300W	Stamford	CT	06905	
7. NAME AND ADDR	IESS OF EACH MANAG	ER OF THE LIMITED	LIABILITY COMPANY, IF APPL	ICABLE DO NOT L	IST MEMBERS	
			ATTACHMENTS ("X" BOX FOR			
Manager Name			Manager Name	: Manager Name		
Grant Holdin	gs, Inc.					
Street Address 225 High Rid	ge Road, Suite	300W	Street Address			
City	State	Zip	City	State	Zip	
Stamford	CT	06905	•			
Manager Name	•••••••••••••		Manager Name	••••••		
Street Address			Street Address			
City	State	Zψ	Cuy	State	Zip	
8. RESIDENT AGENT	IN RHODE ISLAND					
This information is cur	rently of record in the O	fice of the Secretary of	State. Changes require filing of Fo	rm 642 - R.I.G.L. 7-16-1		
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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.

Grant Holdings, Inc.

by:

Signature of Authorized Person

Date

John M. Spera, VP & Treasurer

Print or Type Name of Authorized Person