

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

2008

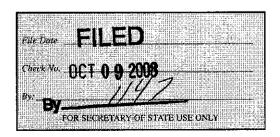
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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. /-10-00 (00°C)) II	subject to a penalty jee of \$2.	2. <i>00</i> .				
1. ID No.	2. Exact name of the limited liability company					
143484 SHELBY SELF-STORAGE, LLC						
3. State of Formation	I		husiness which is actually conducted in Rhode Island	rđ		
RHODE ISLAN	ID RENTAL	OF STORAG	E UNITS			
5. Principal office address			City	State	Zip	
879 WATERM	IAN AVENUE		EAST PROVIDENCE	E RI	02914	
6, MAILING ADDRES	S OF LIMITED LIABI	LITY COMPANY A	ND NAME OR TITLE OF CONTACT PER	SON:		
Contact Name	D. MOTO		Contact Title	Contact Title		
SALVATORE	B. MOTO					
Street Address			City	State	Zip	
1224 NARRA	GANSETT BOU	LEVARD	CRANSTON	RI	02905	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS						
70 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	FILL IN S	PACES BEFORE U	SING ATTACHMENTS ("X" BOX FOR AT	TACHMENT)		
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	СИу	State	Zip	
Manager Name			Manager Name	Manager Name		
J						
Street Address			Street Address	Street Address		
				_		
City	State	Zip	City	State	Zip	
1100.0000 -11751-23 00210001501			H999977735794096961691697996966699787878689967376			
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 information is currently of record in the Office of the Secretary of State. Changes require thing of Form 642 - K.I.O.L. 7-10-11						

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

SALVATORE B. MOIO

Print or Type Name of Authorized Person