



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

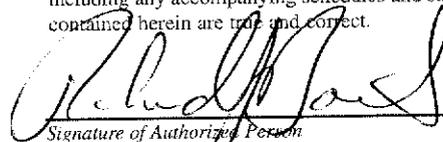
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 150373		2. Exact name of the limited liability company Koffler Sanford, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To acquire and invest in interests in real property			
5. Principal office address 10 Memorial Blvd Suite 901			City Providence	State	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard J. Bornstein			Contact Title Manager		
Street Address 10 Memorial Blvd Suite 901			City Providence	State RI	Zip 02903
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) <input type="checkbox"/>					
Manager Name Richard J. Bornstein			Manager Name Anthony J. DeLuca		
Street Address 10 Memorial Blvd Suite 901			Street Address 10 Memorial Blvd Suite 901		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 Montaquila & Summer. PC			Address		
Address 400 Reservoir Avenue, Suite 3A			City Providence	Zip 02907	

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

150373

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.

 9/4/08
Signature of Authorized Person Date

Richard J. Bornstein

Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 10 2008
By:	
FOR SECRETARY OF STATE USE ONLY	