



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. 273597		2. Exact name of the limited liability company Koffler Gateway Commons, 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 such interests in real property	
5. Principal office address 10 Memorial Blvd Suite 901		City Providence	State RI
		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 - <b>DO NOT LIST MEMBERS</b> 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 Scott J. Summer, Esq.		Address	
Address 400 Reservoir Avenue, Suite 3A		City Providence	Zip RI

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

273597

File Date	<b>FILED</b>
Check No.	OCT 10 2008
By	129
FOR SECRETARY OF STATE USE ONLY	

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.

*Richard J. Bornstein* 9/4/08  
Signature of Authorized Person Date  
Richard J. Bornstein  
Print or Type Name of Authorized Person