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.	2. Exact name of the limited liability company
158695	Koffler/West Warwick, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	To acquire, develop, lease sell and/or manage real estate and other property

5. Principal office address	City	State	Zip
10 Memorial Blvd Suite 901	Providence		02903

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

Contact Name	Contact Title
Richard J. Bornstein	Manager

Street Address	City	State	Zip
10 Memorial Blvd Suite 901	Providence	RI	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) ☐

Manager Name	Manager Name
Richard J. Bornstein	Anthony J. DeLuca
Street Address	Street Address
10 Memorial Blvd Suite 901	10 Memorial Blvd Suite 901
City / State / Zip	City / State / Zip
Providence / RI / 02903	Providence / RI / 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	Address		
Scott J. Summer, Esq.			
Address	City		Zip
400 Reservoir Avenue, Suite 3A	Providence		02907

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

158695

File Date	FILED
Check No.	OCT 10 2008
By	By

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.

Signature of Authorized Person *Date* 9/4/08

Richard J. Bornstein

Print or Type Name of Authorized Person