



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

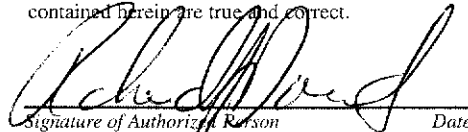
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 158695		2. Exact name of the limited liability company KofflerWest Warwick, 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, develop, lease sell and/or manage real estate and other property	
5. Principal office address 10 Memorial Blvd Suite 901		City Providence	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Richard J. Bornstein		Contact Title Manager	Zip 02903
Street Address 10 Memorial Blvd Suite 901		City Providence	State RI
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) ☐		Zip 02903	
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	City Providence	State RI
Zip 02903	Zip 02903	Zip 02903	Zip 02903
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	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 02907

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

158695

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	1344
FOR SECRETARY OF STATE USE ONLY	