

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filling Periods Japuary 1 - March 1 - Filling Fee: \$50.00\* · THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Filina Period:	: January 1 - March	1 • Filing Fee: \$50.00 • IIII	KEI OK! MOO! DE !!!		(DICI 71215016abil) in
* * *	1 0 1 6 1 7 1 2 1501/4	each corporation failing or refusing to fi	le its annual report within thirty (	(30) days after the time prescribed by w	2w (R.I.G.L. /-1.2-1301(coa)) is
" In accordance wi	th K.L.G.L. /-1.2-1701(t):	cuty corporation farming or reference to J.			
1 *	fra of \$25.00				

, Corporate ID No. <b>87590</b>	2. Name of Corporation Providence Equi	2. Name of Corporation Providence Equity Partners Inc.				
. Street Address Principal Busines 50 Kennedy Plaza, 18t	s Office h Floor		City Providence	State Rhode Island	<sup>Zip</sup> 02903	
. Business Phone No. 401-751-1700		5. State of Incorporation Delaware				
Brief Description of the Charact To Provide Management	Services				POTENCIAL PROPERTY BATEFO	
. NAMES AND ADDRESS resident Name Jonathan M. Nelson	ES OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) _ FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name Glenn M. Creamer			
treet Address 50 Kennedy Plaza, 18t	h Floor		Street Address 50 Kennedy Plaza - 18th Floor			
Providence	State Rhode Island	<sup>Zip</sup> 02903	City Providence	State Rhode Island	<sup>Z+p</sup> 02903	
ecretary Name Jonathan M. Nelson	····		Treasurer Name Raymond M. Mathieu			
Greel Address 50 Kennedy Plaza, 18t	h Floor		Street Address 50 Kennedy Plaza, 18th Floor			
Providence	State Rhode Island	<sup>Zip</sup> 02903	City Providence	Rhode Island	2tp 02903	
i. NAMES AND ADDRESS Director Name Jonathan M. Nelson	ES OF THE DIRECTOR	S: <u>("X" BOX FOR ATI</u>	ACHMENT)	N SPACES BEFORE USING	ATTACHMENTS	
treet Address 50 Kennedy Plaza, 18t	h Floor		Street Address 50 Kennedy Plaza, 18th Floor			
ा <sub>ए</sub> Providence	State Rhode Island	<i>2ф</i> 02903	City Providence Director Name	State Rhode Island	<i>Ζψ</i> 02903	
Orrector Name Paul J. Salem  Orrect Address			Street Address			
50 Kennedy Plaza - 18	th Floor			Ctata	Zip	
City Providence 9. SHARES AUTHORIZED	Rhode Island	<sup>Zip</sup> 02903		State  State  ("X" BOX FOR ATTACH		
		· · · ·	ISSUED SHARES — THIS SI Number of Shares	ECTION MUST BE COMPLETED  Class/Series	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			1,100	Common	No Par Value	
instruction sheet.			900	Non-Voting	No Par Value	

File Date FILED	
Check No.MAR 0 2 2005	<u> </u>
By: By 1761	P
FOR SECRETARY OF S	TATE USE ONLY

Under penalty of perjury, I declare and affi including any accompanying schedules and contained herein are true and correct.	rm that I have examined this report, il statements, and that all statements
Signature	Date
Raymond M. Mathieu	
Print or Type Name	-
Treasurer	
Title	

Form 630 Rev. 08/08