



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 2009

**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. 000136088		2. Exact name of the limited liability company Rose SPE 1 GP LLC	
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island General Partner	
5. Principal office address One Post Office Square #3100		City Boston	State MA
		Zip 02109-2106	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Daniel Cooley		Contact Title Vice President	
Street Address One Post Office Square \$3100		City Boston	State MA
		Zip 02109-2106	
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 Karamjit Kalsi		Manager Name Christopher Devine	
Street Address One Post Office Square #3100		Street Address One Post Office Square #3100	
City Boston	State MA	City Boston	State MA
Zip 02109-2106		Zip 02109-2106	
Manager Name Christopher O'Dell		Manager Name Sally Seebode	
Street Address One Post Office Square #3100		Street Address One Post Office Square #3100	
City Boston	State MA	City Boston	State MA
Zip 02109-2106		Zip 02109-2106	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT Corporation Systems		Address	
Address 10 Weybosset Street		City Providence	Zip 02903

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

000136088 **FILED**

DEC 28 2009

By [Signature]  
107016

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] 12-17-09  
Signature of Authorized Person Date  
Christopher Devine  
Vice President  
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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