RI SOS Filing Number: 201064539040 Date: 07/02/2010 4:00 PM

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 2010

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-60 (b), 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. 7-16-60 (b)&(c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
000151318	Extell Providence LLC

3. State of Formation	4. Brief description of the character of the business which is normally conducted in Rhode Island
Delaware	real estate

5. Principal office address	City	State	Zip
805 Third Avenue, 7th Floor	New York	NY	10022

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

Contact Name	Contact Title
Gary Barnett	Manager

Street Address	City	State	Zip
805 Third Avenue, 7th Floor	New York	NY	10022

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	Street Address	City	State	Zip
Gary Barnett	805 Third Avenue, 7th Floor	New York	NY	10022

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	City	Zip
CT Corporation System	10 Weybosset Street	Providence, RI	02903

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SECRETARY OF STATE
CORPORATIONS DIV

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-60 (b).

[redacted] 000151318 JUL 02 2010

29-121840

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* 6/3/10

Gary Barnett, Manager
Print or Type Name of Authorized Person

[redacted]

File Date	
Check No.	
By:	

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 02/07

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