



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 02903-2015
(401) 222-3000

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 (R.I.G.L. 7-16-66 (b)&(c)).

1. ID No. 000151318		2. Exact name of the limited liability company Extell Providence LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island real estate			
5. Principal office address 805 Third Avenue, 7th Floor		City New York	State NY	Zip 10022	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Gary Barnett		Contact Title Manager			
Street Address 805 Third Avenue, 7th Floor		City New York	State NY	Zip 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 Gary Barnett		Manager Name			
Street Address 805 Third Avenue, 7th Floor		Street Address			
City New York	State NY	Zip 10022	City	State	Zip
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 CT Corporation System		Address			
Address 10 Weybosset Street		City Providence, RI	Zip 02903	2009 JUL -2 PM 12:27	

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

000151318

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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

Gary Barnett, Manager

Print or Type Name of Authorized Person