RALPHMOL	State of Rhode Island Office of the	d and Provide e Secretary of		DNS Fee: \$50.00
	Division (Of Business Servi	ices	
148 W. River Street				
va - Care	Provider	nce RI 02904-26	15	
cretary of Sta	(40	1) 222-3040		
imited Liability	r Company			
Annual Report				
Filing Period: Septer	mber 1 - November 1			
n accordance with l	R.I.G.L. 7-16-66(d), each limited l	iability company fa	ailing or refusing	to
	within thirty (30) days after the tir	ne prescribed by I	aw (R.I.G.L.	
-16-66(b&c)) is sub	ject to a penalty fee of \$25.00.			
ANNUAL REPORT	YEAR: <u>2011</u>			
1. ID No. <u>0001</u>	<u>16749</u>			
2. Exact Name of	the Limited Liability Company	y Knight Street H	oldings, LLC	
3. State of Forma	tion			
State: <u>RI</u>				
	n of the Character of the Busir			
REAL ESTATE				
5. Principal Office	Address			
No. and Street:	181 KNIGHT STREET			
City or Town:	WARWICK	State: <u>RI</u>	Zip: <u>02886</u>	Country: <u>USA</u>
6. Mailing Addres	s of Limited Liability Company	and Name or Ti	tle of Contact F	Person:
Contact Name: Co	ontact Title:			
	ontact Title: <u>181 KNIGHT STREET</u>			
Contact Name: Co No. and Street: City or Town:		State: <u>RI</u>	Zip: <u>02886</u>	Country: <u>USA</u>
No. and Street: City or Town:	<u>181 KNIGHT STREET</u> <u>WARWICK</u> ress of Each Manager of the Li			·
No. and Street: City or Town: 7. Name and Addu	<u>181 KNIGHT STREET</u> WARWICK ress of Each Manager of the Li EMBERS Individual Nam	imited Liability C	company, if App	·
No. and Street: City or Town: 7. Name and Add DO NOT LIST M	<u>181 KNIGHT STREET</u> <u>WARWICK</u> ress of Each Manager of the Li EMBERS	imited Liability C	Company, if App Add	blicable.
No. and Street: City or Town: 7. Name and Add DO NOT LIST M	<u>181 KNIGHT STREET</u> WARWICK ress of Each Manager of the Li EMBERS Individual Nam	imited Liability C	Company, if App Add dress, City or Town, 181 KNIC	blicable.
No. and Street: City or Town: 7. Name and Addu DO NOT LIST M Title MANAGER	181 KNIGHT STREET WARWICK ress of Each Manager of the Line IEMBERS Individual Name First, Middle, Last, Su JOHN P MORGAN	imited Liability C	Company, if App Add dress, City or Town, 181 KNIC	blicable. dress State, Zip Code, Country GHT STREET
No. and Street: City or Town: 7. Name and Addu DO NOT LIST M Title MANAGER 8. RESIDENT AGE	181 KNIGHT STREET WARWICK ress of Each Manager of the Line IEMBERS Individual Name First, Middle, Last, Su JOHN P MORGAN NT IN RHODE ISLAND - DO NOT	imited Liability C	Company, if App Add dress, City or Town, 181 KNIC	blicable. dress State, Zip Code, Country GHT STREET
No. and Street: City or Town: 7. Name and Addi DO NOT LIST M Title MANAGER 8. RESIDENT AGE Changes Requir	181 KNIGHT STREET WARWICK ress of Each Manager of the Line IEMBERS Individual Name First, Middle, Last, Su JOHN P MORGAN	imited Liability C ne Iffix Ad	Company, if App Add dress, City or Town, 181 KNIC WARWICK, F	Dlicable. dress State, Zip Code, Country GHT STREET RI 02886- USA

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

Signed this 27 Day of October, 2011 at 4:42:04 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOHN MORGAN Signature of Authorized Person

Form No. 632 Revised 09/07

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