

Согронацинь гливион 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

1.1D No. 14 9688	2. Exact name of the limite tawnington	d liability company Count Marir	ia LLC			
3. State of Formation RI	4. Brief description	on of the character of the hus	iness which is actually conducted in Rhode shap and aponation	Island		
5. Principal office address Griffin A	laset Managen	rent 330 Mad	ison we New York	State York	Zip 10017-5071	
Contact Name	ss of limited liabi	LITY COMPANY AND	NAME OR TITLE OF CONTACT P Contact Title	ERSON:		
Street Address Same	_		City	State	Zip	
. NAME AND ADDI		GER OF THE LIMITEE SPACES BEFORE USIN	: DIABILITY COMPANY, IF APPLIED GRATTACHMENTS ("X" BOX FOR		T MEMBERS	
Manager Name Kesbent Ferfack Advisor			Manager Name	;		
treet Address			Street Address	Street Address		
СИУ	State	Zip	City	State	Zip	
Manager Name		······I·····	Manager Name		J	
Street Address			Street Address	Street Address		
City	State	Zψ	City	State	Zip	
	T IN RHODE ISLAND	Office of the Secretary o	: f State. Changes require filing of For	m 642 - R I G I - 7-16-11	•	
		or the secretary o	i sauce. Changes require thing of 1 of	iii 042 - K.I.G.E. /-10-11		
					8E0 3559 0 2011 OCT 3	
	This report i	nust be executed by an	authorized person pursuant to R.I.	G.L. 7-16-66 (b).	ED STATE M 2: 03	
	FILED			ry, I declare and affirm that anying schedules and statem ue and correct.		

Signature of Authorized Person

TIMOTHY