



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 2011

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

* 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. 000142531		2. Exact name of the limited liability company Gaines Warwick Rhode Island, LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and lease of industrial building	
5. Principal office address 7590 Fay Avenue, Suite 100		City La Jolla	State CA
		Zip 92037	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Don Stratford		Contact Title Chief Financial Officer	
Street Address 7590 Fay Avenue, Suite 100		City La Jolla	State CA
		Zip 92037	
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) <input type="checkbox"/>			
Manager Name Donald Gaines		Manager Name	
Street Address 7590 Fay Avenue, Suite 100		Street Address	
City La Jolla	State CA	City	State
Zip 92037		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2011 DEC 23 PM 12:01

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

000142531

FILED

File Date	DEC 23 2011
Check No.	
By:	<i>BY</i> 15930712'01
FOR SECRETARY OF STATE USE ONLY	

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: *[Signature]*
Date: 11/11/11
Donald Gaines, Manager
Print or Type Name of Authorized Person