



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008**

**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)(v)) 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 Contact Name Don Stratford			OR TITLE OF CONTACT PERSON: 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 - <b>DO NOT LIST MEMBERS</b> 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	Zip 92037	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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  
 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 \_\_\_\_\_  
 Check No. DEC 23 2011  
 By: 159307 12/01  
 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