



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)(2)) is subject to a penalty fee of \$25.00.

1. ID No. 000334374		2. Exact name of the limited liability company Empire LaSalle LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Owning, managing, improving, leasing, operating, financing, disposing of property in Providence, RI			
5. Principal office address c/o Berkeley Investments, Inc., 121 High Street			City Boston	State MA	Zip 02110
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Iain McGill			Contact Title Chief Financial Officer		
Street Address c/o Berkeley Investments, Inc., 121 High Street			City Boston	State MA	Zip 02110
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILE IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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					

2012 APR 17 PM 12:08  
 SECRETARY OF STATE  
 CORPORATIONS DIV

**FILED**

APR 17 2012

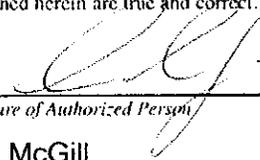
By Iain McGill

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

**000334374**

File Date _____
Check No. _____
By: _____
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 \_\_\_\_\_ Date 12/23/2011  
 Iain McGill  
 Print or Type Name of Authorized Person