



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 2012

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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. <b>84073</b>		2. Exact name of the limited liability company <b>SP Associates, LLC</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>To own and manage certain commercial property</b>	
5. Principal office address <b>c/o Related Properties, 1700 East Putnam Avenue</b>		City <b>Old Greenwich</b>	State <b>CT</b>
		Zip <b>06870</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>WARREN L SCHWERIN</b>		Contact Title <b>Authorized Person</b>	
Street Address <b>c/o Related Properties, 1700 East Putnam Avenue</b>		City <b>Old Greenwich</b>	State <b>CT</b>
		Zip <b>06870</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT ALTER - CHANGES REQUIRE FILING OF FORM 642 - R.I.G.L. 7-16-11 FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>DAVID M. GILDEN, ESQ</b>		Address <b>180 South Main Street</b>	
Address <b>PARTRIDGE SNOW &amp; HAHN LLP</b>		City <b>Providence</b>	Zip <b>02903-07120</b>

SEP 24 12 30 PM '12  
 CORPORATIONS DIV

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

**FILED**

**SEP 24 2012**

**3446**

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.

*Warren L. Schwerin*  
Signature of Authorized Person      Date

**WARREN L. SCHWERIN**

Print or Type Name of Authorized Person

File Date	BY
Check No.	
By	
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