RALPH MOLL	State of Rhode Island and Pro Office of the Secreta	
	Division Of Busines	s Services
	148 W. River S	
2	Providence RI 029	04-2615
cretary of Sta	(401) 222-30	40
Limited Liability Con Annual Report Filing Period: September 1		
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.		
ANNUAL REPORT YEAR: 2012		
1. ID No. <u>000691206</u>		
2. Exact Name of the Limited Liability Company Phoenix Winn LLC		
3. State of Formation		
State: <u>RI</u>		
Real estate related activities		
5. Principal Office Addre	ess	
No. and Street: 6 FAN	EUIL HALL MARKETPLACE	
City or Town: BOST		State: MA Zip: 02109 Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
	<u>_ ROSS</u> Contact Title:	
No. and Street: <u>6 FAN</u> City or Town: BOST	<u>EUIL HALL MARKETPLACE</u> ON	State: MA Zip: 02109 Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	WDP MANAGER CORP.	6 FANEUIL HALL MARKETPLACE BOSTON, MA 02109 USA
	RHODE ISLAND - DO NOT ALTER og of Form 642 - R.I.G.L. 7-16-11	
CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903		

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

Signed this 26 Day of September, 2012 at 11:19:40 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>SAMUEL ROSS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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