



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000132794</b>		2. Exact name of the Corporation <b>Citi Property Holdings Inc.</b>			
3. Principal office address <b>388 Greenwich St.</b>			City <b>New York</b>	State <b>NY</b>	Zip <b>10013</b>
4. Business Phone No. <b>813-604-8115</b>		5. State of Incorporation <b>Delaware</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Holds assets required through a loan workout.</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>Richard Isenberg</b>			Vice-President Name <b>Kira Granovskaya</b>		
Street Address <b>390 Greenwich St.</b>			Street Address <b>390 Greenwich St.</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10013</b>	City <b>New York</b>	State <b>NY</b>	Zip <b>10013</b>
Secretary Name <b>(Assistant) Lisa A. Hoffman</b>			Treasurer Name <b>Ardavan Nozari</b>		
Street Address <b>3800 Citigroup Center Drive</b>			Street Address <b>388 Greenwich St.</b>		
City <b>Tampa</b>	State <b>FL</b>	Zip <b>33610</b>	City <b>New York</b>	State <b>NY</b>	Zip <b>10013</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>Jeffrey A. Perlowitz</b>			Director Name <b>Richard Isenberg</b>		
Street Address <b>390 Greenwich St.</b>			Street Address <b>390 Greenwich St.</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10013</b>	City <b>New York</b>	State <b>NY</b>	Zip <b>10013</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
		NUMBER OF SHARES <b>200</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>0.00</b>	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

**JAN 24 2013**

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.

*Lisa A. Hoffman*  
 Signature of Authorized Representative

**1-22-13**  
 Date

**Lisa A. Hoffman**

Print or Type Name of Authorized Representative

*By: mnc*  
**Ch #5113434214**