



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

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*