



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 2012

**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)(c)) 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> 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 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			

FILED 100

FEB 13 2013

BY 02109070

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

2013 FEB 13 PM 1:00  
STATE OF RHODE ISLAND  
SECRETARY OF STATE

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 Iain McGill Date 1/7/13  
Print or Type Name of Authorized Person  
Iain McGill