

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

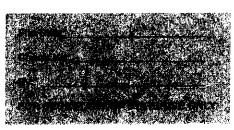
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 · This report must be typed or printed legibly. Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 1. Entity ID No. 118358 | 2. Exact name of the limited liability company Danley, LLC | | | | | |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------|--------------------|---------------------|--|
| 3. State of Formation | 4. Brief description of the character of business conducted in Rhode Island Acquire, operate develop, sell, lease, improve or dispose of real property | | | | | |
| 5. Principal office address 11 Peck Street | | | City Providence | State RI | Zip 02903 | |
| Contact Name Theresa Morris | | | Contact Title member | Frisaur / A | | |
| Street Address 11 Peck Street | | | City Providence | State RI | Zip 02903 | |
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| Manager Name Theresa Morris | | | Manager Name | | | |
| Street Address 11 Peck Street | | | Street Address | Street Address | | |
| City Providence | State RI | Zip 02903 | City | State | Zip | |
| Manager Name | · | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| This information is curren | | e Office of the Secret | ary of State. Changes require | filing Form 642. | | |
| This information is current | uy or record in an | e office of the occurren | ary of caucit official government | | SEP 16 | |
| FILED | | | | | PH 12 | |
| | | | | | 2 95 | |

SEP 16 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.

Signature of Authorized Person

Theresa Morris

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012