

## 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

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## 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. <b>540812</b>  |  | 2. Exact name of the limited liability company Pineridge Sports Park, LLC                |   |                           |                     |  |  |
|---|--|--|---|---------------------------|---------------------|--|--|
| 3. State of Formation  Rhode Island   |  | Brief description of the character of business conducted in Rhode Island     Sports Park |   |                           |                     |  |  |
| 5. Principal office address 1150 Oaklawn Avenue                                   |  |  | City<br>Cranston  | State<br>RI               | Zip<br><b>02920</b> |  |  |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name Alex Dowlatshahi |  |  | NAME OR TITLE OF CONTACT PERSON:  Contact Title  Member |                           |                     |  |  |
| Street Address 1150 Oaklawn Avenue  |  |  | City<br>Cranston  | State<br>RI               | Zip<br><b>02920</b> |  |  |
| 7. LIST <u>ALL</u> MANAGERS<br>("X" BOX FOR ATTACH                                | (NAMES AND ADI                           | DRESSES) OF THE  | LIMITED LIABILITY COMPANY,                              | IF APPLICABLE - <u>DO</u> | Not List Members    |  |  |
| Manager Name  |  |  | Manager Name  |                           |                     |  |  |
| Street Address  |  |  | Street Address  |                           |                     |  |  |
| City  | State                                    | Zip  | City  | State                     | Zip                 |  |  |
| Manager Name  |  |  | Manager Name  |                           |                     |  |  |
| Street Address  |  |  | Street Address  |                           |                     |  |  |
| City  | State                                    | Zip  | City  | State                     | Zip                 |  |  |
| 8. RESIDENT AGENT IN R  | 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7 |  |   |                           |                     |  |  |
| This information is curren  | tly of record in the                     | Office of the Secr   | etary of State. Changes require                         | filing Form 642.          |                     |  |  |

## FILED

NOV 2.9 2013

| File Date  Check No             | 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   | Date |  |
| FOR SECRETARY OF STATE USE ONLY | Alex Dowlatshahi   |      |  |
|                                 | Print or Type Name of Authorized Person  |      |  |

Form No. 632 Revised: 01/2012