

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 2014

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. | | 2. Exact name of the limited liability company NINE WEST PROPERTIES LLC | | | | |
|--|--------------------------|--|--------------------------------|-------------------------|---------------------|--|
| 159030 | NINE WE | | | | | |
| 3. State of Formation | | Brief description of the character of business conducted in Rhode Island | | | | |
| RI | OWNERS | OWNERSHIP AND MANAGEMENT OF INVESTMENT REAL ESTATE | | | | |
| 5. Principal office address 16 BUTTERWORTH | | | City BRISTOL | State RI | Zip 02809 | |
| | LIMITED LIABILT | Y COMPANY AND N | ME OF THE OF CONTACT. | PERSON: | | |
| Contact Name EDWARD J COX II | | | Contact Title REGISTERED AGENT | | | |
| Street Address 16 BUTTERWORTH | AVENUE | | City BRISTOL | | | |
| 7. LIST <u>all</u> Managers ("X" box for attach | | RESSES) OF THE LI | MITED LIABILITY COMPANY | FAPPLICABLE - <u>DO</u> | NOT LIST MEMBERS | |
| Manager Name EDWARD J COX II | er Name /ARD J COX II | | Manager Name | | | |
| Street Address 16 BUTTERWORTH | AVE | 1 1100 | Street Address | | | |
| City BRI\$TOL | State RI | Zip 02809 | City | State | Zip | |
| Manager Name | nager Name | | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| & RESIDENT AGENT IN P | HODE ISLAND | | | | | |
| This information is currer | atly of record in the | Office of the Secret | ary of State. Changes require | filing Form 642. | | |

FILED

SEP 1 0 2014

BY 3170

| FIO PIO | Under penalty of perjury, I declare and affirm that I have exami this report, including any accompanying schedules and staten and that all statements contained herein are true and correct. | | |
|------------------------------------|--|-------|--|
| | Testing teris | 75-14 | |
| By. Someonerapy of State Use only | Signature of Authorized Person | Date | |
| | Print or Type Name of Authorized Person | | |

Form No. 632 Revised: 01/2012