



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 2009

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. 000149005		2. Exact name of the limited liability company Extra Space Properties Fifty Two LLC			
3. State of Formation Delaware		4. Brief description of the character of business conducted in Rhode Island Acquire, hold, transfer, lease, encumber, operate and manage real property and other entities.			
5. Principal office address 2795 E. Cottonwood Pkwy #400		City Salt Lake City		State UT	Zip 84121
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Suzie Lindsey		Contact Title			
Street Address 2795 E. Cottonwood Pkwy #400		City Salt Lake City		State UT	Zip 84121
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Charles L. Allen		Manager Name David L. Rasmussen			
Street Address 2795 E. Cottonwood Parkway #400		Street Address 2795 E. Cottonwood Parkway #400			
City Salt Lake City	State UT	Zip 84121	City Salt Lake City	State UT	Zip 84121
Manager Name Scott P. Stubbs		Manager Name			
Street Address 2795 E. Cottonwood Parkway #400		Street Address			
City Salt Lake City	State UT	Zip 84121	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

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SECRETARY OF STATE
CORPORATIONS DIV

File Date _____

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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.

David L. Rasmussen 10/02/2014
Signature of Authorized Person Date

David L. Rasmussen
Print or Type Name of Authorized Person