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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 2006

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
000149005	Extra Space Properties Fifty Two LLC
3. State of Formation	**4. Brief description of the character of business conducted in Rhode Island**
Delaware	Acquire, hold, transfer, lease, encumber, operate and manage real property and other entities.

5. Principal office address	City	State	Zip
2795 E. Cottonwood Pkwy #400	Salt Lake City	UT	84121

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Suzie Lindsey			
Street Address	**City**	**State**	**Zip**
2795 E. Cottonwood Pkwy #400	Salt Lake City	UT	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	Manager Name
Charles L. Allen	David L. Rasmussen
Street Address	Street Address
2795 E. Cottonwood Parkway #400	2795 E. Cottonwood Parkway #400
City / State / Zip	City / State / Zip
Salt Lake City / UT / 84121	Salt Lake City / UT / 84121
Manager Name	Manager Name
Scott P. Stubbs	
Street Address	Street Address
2795 E. Cottonwood Parkway #400	
City / State / Zip	City / State / Zip
Salt Lake City / UT / 84121	

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.

2014 OCT 20 PM 2:44
SECRETARY OF STATE
CORPORATIONS DIV

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OCT 20 2014
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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.

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

David L. Rasmussen
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
112665-10-992666