



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 **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. 550776		2. Exact name of the limited liability company 981 Kings Town Road Operating Company, LLC			
3. State of Formation Delaware		4. Brief description of the character of business conducted in Rhode Island To engage in any lawful business that a limited liability company may lawfully do.			
5. Principal office address 55 Scallop Shell Way		City Peace Dale	State RI	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kai Ho		Contact Title Treasury Analyst			
Street Address 641 Lexington Ave., 31st Floor		City New York	State NY	Zip 10022	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Jeffrey Rubin		Manager Name Warren Cole			
Street Address 641 Lexington Ave., 31st Floor		Street Address 641 Lexington Ave., 31st Floor			
City New York	State NY	Zip 10022	City New York	State NY	Zip 10022
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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

OCT 23 2014

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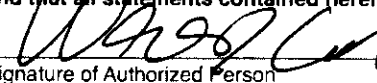
File Date _____

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.



Signature of Authorized Person

10/17/2014
Date

Warren Cole

Print or Type Name of Authorized Person