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.	2. Exact name of the limited liability company		
550776	**981 Kings Town Road Operating Company, LLC**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Delaware	**To engage in any lawful business that a limited liability company may lawfully do.**		
5. Principal office address	City	State	Zip
55 Scallop Shell Way	**Peace Dale**	**RI**	**02879**

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

Contact Name	Contact Title		
Kai Ho	**Treasury Analyst**		
Street Address	City	State	Zip
641 Lexington Ave., 31st Floor	**New York**	**NY**	**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			Manager Name		
Jeffrey Rubin			**Warren Cole**		
Street Address			Street Address		
641 Lexington Ave., 31st Floor			**641 Lexington Ave., 31st Floor**		
City	State	Zip	City	State	Zip
New York	**NY**	**10022**	**New York**	**NY**	**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
BY 36918

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 — Date: 10/17/2014

Warren Cole
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012