

## 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					
000553414	NAIRI LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
DELAWARE	MOTION PICTURE THEATRES					
5. Principal office address 846 UNIVERSITY AVENUE			City NORWOOD	State MA	Zip <b>02602</b>	
6. MAILING ADDRESS OF LIMIT	ED LIABILIT	Y COMPANY AND NA		ERSON:		
Contact Name ROBERT KHOURI		Contact Title TAX ACCOUNTANT				
Street Address 846 UNIVERSITY AVENUE			City NORWOOD	State MA	Zip <b>02062</b>	
7. LIST <u>ALL</u> MANAGERS (NAMI ("X" BOX FOR ATTACHMENT		RESSES) OF THE LIN	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name SUMNER M. REDSTONE			Manager Name SHARI E. REDSTONE			
Street Address 846 UNIVERSITY AVENUE			Street Address 846 UNIVERSITY AVENUE			
City NORWOOD	State MA	Zip 02062	City NORWOOD	State MA	Zip <b>02062</b>	
Manager Name DAVID R. ANDELMAN, ESQ			Manager Name PHILIPPE DAUMAN, ESQ			
Street Address 60 STATE STREET, 9TH FLOOR			Street Address 9 WEST 57TH STREET, SUITE 4615			
City BOSTON	State MA	Zip <b>02109</b>	City NEW YORK	State NY	Zip 10036	
8. RESIDENT AGENT IN RHODE	ISLAND					
This information is currently of	record in the	Office of the Secreta	ary of State. Changes require f	iling Form 642.		

**FILED** 

OCT 2 4 2014 D129185

File Date	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.		
Check No	m	10/21/14	
Bv:	Signature of Authorized Person	Date	
	Michael G. Kszystyniak - Vice President		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012 NAIRI LLC Taxpayer I.D. #04-3446887

## Director Business Address

Sumner M. Redstone 846 University Avenue Norwood, MA 02062

Shari E. Redstone 846 University Avenue Norwood, MA 02062

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