

## 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

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## 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.		me of the limited liat		****	······································		
146321	FAIRFIE	FAIRFIELD STONEY BROOK LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
DE		REAL ESTATE INVESTMENT					
5. Principal office address 5510 MOREHOUSE DR.,STE 200			City SAN DIEGO	State CA	Zip 92121		
6. MAILING ADDRESS O	F LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:	<del></del>		
Contact Name RICHARD SWANSON			Contact Title VP-DIRECTOR OF TAX				
Street Address 5510 MOREHOUSE DR.,STE 200			City SAN DIEGO	State CA	Zip <b>92121</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
B. RESIDENT AGENT IN F	RHODE ISLAND						
Chia ladauanatian la accesa	ntly of record in the	Office of the Secr	etary of State. Changes require f	Illna Form 642			

FILED

GCT 24 2014

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File Date	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No	1/2-	10/06/2014	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	RICHARD SWANSON		
TON SCONEIANT OF STATE USE ONE!	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012