

## 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.

Manager Name Paul J. Salem  Street Address 50 Kennedy Plaza - 18th Floor  City Providence RI  Manager Name Robert S. Hull  Street Address 50 Kennedy Plaza - 18th Floor  City Providence RI  Manager Name  City Providence RI  Manager Name  Street Address  State RI  O2903  Manager Name  Street Address  City State City State City State City State Zip City Street Address  City State Zip City State Zip City State Zip City State Zip	1. Entity ID No. <b>517127</b>	2. Exact na NY 101	2. Exact name of the limited liability company NY 101 Leasing, LLC					
Street Address 50 Kennedy Plaza - 18th Floor  Rie D2903  R. MAR ING ADDRESS OF LIMITED LABBLITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Roman A. Bejger  City Providence  City Providence Ri  Zip 02903  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABBLITY COMPANY, IF APPLICABLE - DO NOT LIST MEN  Manager Name Paul J. Salem  Manager Name Robert S. Hull  Street Address 50 Kennedy Plaza - 18th Floor  City Providence Ri  Zip 02903  Manager Name Robert S. Hull  Street Address 50 Kennedy Plaza - 18th Floor  City Providence Ri  Zip 02903  Manager Name  Street Address								
Contact Name Roman A. Bejger  Street Address 50 Kennedy Plaza - 18th Floor  City Providence Ri  City Providence Manager Name Ri  City Providence Ri  City Providence Ri  City Providence Street Address  City Providence Street Address  City State Ri  City Providence Street Address  City State Ri  City State Ri C	5. Principal office address 50 Kennedy Plaza - 18th Floor			Providence	RI	Zip <b>02903</b>		
Contact Name Roman A. Bejger  Street Address 50 Kennedy Plaza - 18th Floor  City Providence Ri  City Providence Manager Name Ri  City Providence Ri  City Providence Ri  City Providence Street Address  City Providence Street Address  City State Ri  City Providence Street Address  City State Ri  City State Ri C	6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND N	AME OR THE OF CONTACT	PERSON:			
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEN  ("X" BOX FOR ATTACHMENT)  Manager Name Paul J. Salem  Manager Name Robert S. Hull  Street Address 50 Kennedy Plaza - 18th Floor  City Providence RI  Zip O2903  Zip Providence RI  Zip O2903  Street Address Street Address Street Address Street Address Street Address Street Address  Street Address  Street Address  Street Address  City Providence Manager Name  Street Address	Contact Name			Contact Title				
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State   Zip   O2903   Providence   State   RI   D2903   Providence   RI   D2903   Providence   RI   D2903   Providence   RI   D2903   Providence   RI   D2903   D2903   Providence   RI   D2903   D2	Manager Name							
Providence RI 02903 Providence RI 02903  Manager Name  Street Address  Street Address  City State Zip City State Zip  R. RESIDENT AGENT IN RHODE ISLAND		18th Floor			- 18th Floor			
Street Address  Street Address  City  State  Zip  City  State  Zip  RESIDENT AGENT IN RHODE ISLAND	City Providence		Zip <b>0290</b> 3	City <b>Providence</b>		Zip <b>02903</b>		
City State Zip City State Zip  B. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name				
B. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address				
	City	State	Zip	City	State	Zip		
	B. RESIDENT AGENT IN R	HODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is curren	tly of record in the	Office of the Secret	ary of State, Changes require f	iling Form 642			

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	BY	_		
File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements			
heck No	and that all statements contained herein are true and con	r <b>rect.</b>		
	Koman A. Bugan 10	29 [14		
ly:	Signature of Authorized)Person	Date		
OR SECRETARY OF STATE HSF ONLY	Roman A. Bejger			

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012