



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 **2015**

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. <b>000553414</b>		2. Exact name of the limited liability company <b>NAIRI LLC</b>			
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of business conducted in Rhode Island <b>MOTION PICTURE THEATRES</b>			
5. Principal office address <b>846 UNIVERSITY AVENUE</b>		City <b>NORWOOD</b>	State <b>MA</b>	Zip <b>02062</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>STACEY SANCES</b>		Contact Title <b>PAYROLL TAX ACCT</b>			
Street Address <b>846 UNIVERSITY AVENUE</b>		City <b>NORWOOD</b>	State <b>MA</b>	Zip <b>02062</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> (“X” BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Manager Name <b>SUMNER M. REDSTONE</b>		Manager Name <b>SHARI E. REDSTONE</b>			
Street Address <b>846 UNIVERSITY AVENUE</b>		Street Address <b>846 UNIVERSITY AVENUE</b>			
City <b>NORWOOD</b>	State <b>MA</b>	Zip <b>02062</b>	City <b>NORWOOD</b>	State <b>MA</b>	Zip <b>02062</b>
Manager Name <b>DAVID R. ANDELMAN</b>		Manager Name <b>PHILIPPE DAUMAN</b>			
Street Address <b>60 STATE STREET, 9TH FLOOR</b>		Street Address <b>9 WEST 57TH STREET, SUITE 4615</b>			
City <b>BOSTON</b>	State <b>MA</b>	Zip <b>02109</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036</b>
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 2015

07-0136152

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.

*M* 10/19/15  
Signature of Authorized Person Date

**MICHAEL G. KSZYSTYNAK**

Print or Type Name of Authorized Person

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

NAIRI, Inc.  
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

David R. Andelman  
Lourie & Cutler P.C.  
60 State Street, 9th Floor  
Boston, MA 02109

George S. Abrams  
Winer & Abrams  
60 State Street, Suite 2478  
Boston, MA 02109

Philippe Dauman  
9 West 57th Street  
Suite 4615  
New York, New York 10036

Tyler Korff  
227 West 77th Street, Apt 15G  
New York, NY 10024

**FILED**  
OCT 26 2015  
BY CK 0136152  
ID 553414