



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.

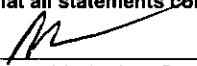
1. Entity ID No. 000553414		2. Exact name of the limited liability company NAIRI LLC			
3. State of Formation DELAWARE		4. Brief description of the character of business conducted in Rhode Island MOTION PICTURE THEATRES			
5. Principal office address 846 UNIVERSITY AVENUE		City NORWOOD	State MA	Zip 02062	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STACEY SANCES		Contact Title PAYROLL TAX ACCT			
Street Address 846 UNIVERSITY AVENUE		City NORWOOD	State MA	Zip 02062	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (“X” BOX FOR ATTACHMENT) ☒					
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 02062
Manager Name DAVID R. ANDELMAN		Manager Name PHILIPPE DAUMAN			
Street Address 60 STATE STREET, 9TH FLOOR		Street Address 9 WEST 57TH STREET, SUITE 4615			
City BOSTON	State MA	Zip 02109	City NEW YORK	State NY	Zip 10036
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.


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

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
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FILED
OCT 26 2015
BY CK 0136152
ID 553414