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.	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	City	State	Zip
846 UNIVERSITY AVENUE	NORWOOD	MA	02062

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
STACEY SANCES	PAYROLL TAX ACCT		
Street Address	**City**	**State**	**Zip**
846 UNIVERSITY AVENUE	NORWOOD	MA	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			Manager Name		
SUMNER M. REDSTONE			SHARI E. REDSTONE		
Street Address			Street Address		
846 UNIVERSITY AVENUE			846 UNIVERSITY AVENUE		
City	State	Zip	City	State	Zip
NORWOOD	MA	02062	NORWOOD	MA	02062
Manager Name			Manager Name		
DAVID R. ANDELMAN			PHILIPPE DAUMAN		
Street Address			Street Address		
60 STATE STREET, 9TH FLOOR			9 WEST 57TH STREET, SUITE 4615		
City	State	Zip	City	State	Zip
BOSTON	MA	02109	NEW YORK	NY	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 26 2015
BY 01361152

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.

10/19/15
Signature of Authorized Person — Date

MICHAEL G. KSZYSTYNIAK
Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 632
Revised: 01/2012

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
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Philippe Dauman
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New York, New York 10036

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