

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.

. Entity ID No.		me of the limited liab				
146321	Fairfield	Stoney Brook	LLC			
. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
DE		Real Estate Investment				
Principal office address 5510 Morehouse Dr.Ste,200			City San Diego	State CA	Zip 92121	
	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT I	ERSON:		
ontact Name Richard Swanson			Contact Title VP- Director of Tax			
reet Address 510 Morehouse Dr., Ste 200			City San Diego	State CA	Zip 92121	
LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>Do</u>	NOT LIST MEMBER	
("X" BOX FOR ATTACH	(NAMES AND ADD IMENT) [PRESSES) OF THE	LIMITED LIABILITY COMPANY, II Manager Name	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBER	
("X" BOX FOR ATTACH anager Name	(NAMES AND ADD	PRESSES) OF THE		FAPPLICABLE - <u>Do</u>	NOT LIST MEMBER	
("X" BOX FOR ATTACH inager Name eet Address	(NAMES AND ADDIMENT)	Zip	Manager Name	FAPPLICABLE - DO	NOT LIST MEMBER	
("X" BOX FOR ATTACH Inager Name eet Address	IMENT)		Manager Name Street Address			
("X" BOX FOR ATTACH anager Name eet Address y anager Name	IMENT)		Manager Name Street Address City			
("X" BOX FOR ATTACH anager Name reet Address ty anager Name	IMENT)		Manager Name Street Address City Manager Name			
LIST ALL MANAGERS ("X" BOX FOR ATTACH anager Name reet Address ty anager Name reet Address	State State	Zip	Manager Name Street Address City Manager Name Street Address	State	Zip	

File Date	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.
Check No	11/2/1/15
ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Richard Swanson
TON SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012