S	itate of Rhode Island and Pro Office of the Secret		Fee: \$50.00
	Division Of Busines		
148 W. River Street Providence RI 02904-2615			
	(401) 222-30		
HOPE	(101) === 30		
Limited Liability Comp	any		
Annual Report Filing Period: September 1 -	November 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66			
(b&c)) is subject to a penalty		/ Iaw (N.I.G.L. 7-10-00	
	2017		
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>000149005</u>			
2. Exact Name of the Limited Liability Company <u>EXTRA SPACE PROPERTIES FIFTY TWO LLC</u>			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the			
list of codes here. More information on NAICS can be found online.			
521200			
<u>531390</u>			
4. Brief Description of the	Character of the Business Which	is Actually Conducted in Rhode	Island
ACQUIDE HOLD TRANSFER LEASE ENCLIMPED OPERATE AND MANACE REAL			
ACQUIRE, HOLD, TRANSFER, LEASE, ENCUMBER, OPERATE AND MANAGE REAL PROPERTY AND OTHER ENTITIES			
5. Principal Office Address	5		
No. and Street: 2795 EAST COTTONWOOD PARKWAY, #400			
City or Town: <u>SALT LAKE CITY</u> State: <u>UT</u> Zip: <u>84121</u> Country: <u>USA</u>			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
	T COTTONWOOD PARKWAY		_
City or Town:SALT LAKE CITYState: UT zip:84121Country:USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country
MANAGER	CHARLES L. ALLEN		

2795 EAST COTTONWOOD PARKWAY, #400 SALT LAKE CITY, UT 84121 USA

MANAGER

P. SCOTT STUBBS

2795 EAST COTTONWOOD PARKWAY, #400 SALT LAKE CITY, UT 84121 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 20 Day of September, 2017 at 6:23:06 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KELLY LETTMANN

Signature of Authorized Person

Form No. 632 Revised 09/07

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