

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE CORPORATIONS DIV

2010 SEP 10 AH 11: 08

Annual Report for the year: 2018

Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company				
814977	BLACKSTONE VALLEY SELF STORAGE LLC				
3. NÁICS Code	Brief description of the character of business conducted in Rhode Island				
4931,10	OWNERSHIP AND/OR MANAGEMENT OF STORAGE FACILITIES				
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
7 Woodrow Drive			YONKERS	NY	10710
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOSEPH RAHEB			Contact Title ATTORNEY		
Street Address 650 WASHINGTON HWY., SUITE 200			City LINCOLN	State RI	^{Zip} 02865
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NONE			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642					
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.					
Name of Authorized Person Date					
ROBERT E. FEDIGAN 8/24/18					
Signature of Authorized Person SESN SOC SMENT SE RE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 1 0 2018

BY On CH# 2175

FORM 632 - Revised: 10/2017