



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Limited Liability Company  
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 fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 000138376

2. Exact Name of the Limited Liability Company GGP-PROVIDENCE PLACE, LLC

3. State of Formation

State: DE

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.

531390

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

REAL ESTATE LESSEE

5. Principal Office Address

No. and Street: 350 N. ORLEANS, SUITE 300

City or Town: CHICAGO

State: IL

Zip: 60654

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JACK R. KANTER Contact Title: ASSISTANT SECRETARY

No. and Street: 350 N. ORLEANS, SUITE 300

City or Town: CHICAGO

State: IL

Zip: 60654

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | JARED CHUPAILA                                 | 350 N. ORLEANS, SUITE 300<br>CHICAGO, IL 60654 USA         |
| MANAGER | STACIE L HERRON                                | 350 N. ORLEANS, SUITE 300                                  |

|         |                  |                                                    |
|---------|------------------|----------------------------------------------------|
|         |                  | CHICAGO, IL 60654 USA                              |
| MANAGER | TARA MARSZEWSKI  | 350 N. ORLEANS, SUITE 300<br>CHICAGO, IL 60654 USA |
| MANAGER | MICHELLE DREYER  | 350 N. ORLEANS, SUITE 300<br>CHICAGO, IL 60654 USA |
| MANAGER | BENJAMIN HANCOCK | 350 N. ORLEANS, SUITE 300<br>CHICAGO, IL 60654 USA |

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 24 Day of October, 2018 at 5:03:23 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 JACK R. KANTER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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