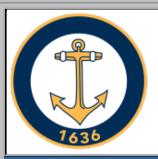
RI SOS Filing Number: 202571095340 Date: 4/23/2025 7:32:00 PM



State of Rhode Island 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 Partnership Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-13.1-212(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-13-212(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025**: <u>2025</u>

1. ID No. 000149610

- 2. Exact Name of the Partnership Fairfield University Heights LP
- 3. State of Formation

State: DE

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

531210

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

REAL ESTATE

5. Principal Office Address

No. and Street: 5355 MIRA SORRENTO PLACE

SUITE 100

City or Town: SAN DIEGO State: CA Zip: 92121 Country: USA

6. The name and business address of each general partner is:

An amendment is required to record a change in general partner(s) - use Form 301 (domestic) or Form 351 (Foreign)

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PARTNER	FFI UNIVERSITY HEIGHTS LLC	5355 MIRA SORRENTO PLACE, SUITE 100 SAN DIEGO, CA 92121 USA

7. This report must be executed by a General Partner or by an Authorized Representative pursuant to R.I.G.L. 7-13.1.

Signed this 23 Day of April, 2025 at 7:33:44 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 partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.1

By KRISTA MICLAT

Signature of Authorized Person

Form No. 643 Revised 10/23

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