RI SOS Filing Number: 200700762860 Date: 09/10/2007 4:00 PM

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

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

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.

1. ID No.	2. Exact name of the limited liability company
147260	Jalal, LLC.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	RETAIL SELLING RUGS

5. Principal office address	City	State	Zip
549 Quaker Ln.	West Warwick	RI	02893

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Sheila Naini	Manager

Street Address	City	State	Zip
549 Quaker Ln	West Warwick	RI	02893

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Sheila Naini	Ali Amirsadri
Street Address: 549 Quaker Ln	Street Address: ~~W~~ 549 Quaker Ln
City: West Warwick; State: RI; Zip: 02893	City: West Warwick; State: RI; Zip: 02893
Manager Name: —	Manager Name: —
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

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

Agent Name	Address
AMIR AMIRSADRI	

Address	City	Zip
549 QUAKER LANE	WEST WARWICK	02893-

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

[redacted]

[redacted]

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.

Sheila Naini 8/29/07
Signature of Authorized Person *Date*

Sheila Naini
Print or Type Name of Authorized Person

[redacted]

File Date 9-10-07
Check No. 3772
By: mmc

FOR SECRETARY OF STATE USE ONLY

13732-10-179654

Form 632 Rev. 07/07