RI SOS Filing Number: 200704230860 Date: 11/27/2007 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.

2007 NOV 27 PM

1. ID No.	2. Exact name of the limited liability company
109013	KISHFY PROPERTIES LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE OWNERSHIP

5. Principal office address	City	State	Zip
650 WASHINGTON HWY.	LINCOLN	RI	02865

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

Contact Name	Contact Title
Joseph Raheb	Attorney

Street Address	City	State	Zip
650 Washington Hwy.	Lincoln	RI	02865

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	Street Address	City	State	Zip
George Kishfy	213 Old River Road	Lincoln	RI	02865
Craig Kishfy	5 Monarch Way	Lincoln	RI	02865

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	City	Zip
Joseph Raheb	650 Washington Hwy.	Lincoln	02865

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.

X _____ 11/6/07
Signature of Authorized Person *Date*

Craig Kishfy
Print or Type Name of Authorized Person

File Date FILED
Check No. NOV 27 2007
By: By _____
FOR SECRETARY OF STATE USE ONLY
16402-40-199886

[redacted]

Form 632 Rev. 07/07