

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 2008

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

| 1. ID No. | | | | | | | |
|--|------------|-------------------------|----------------------------|---|---------------------------|-----------------------|--|
| 129074 | RAHE | EB PROPERTIES PROV, LLC | | | | | |
| 3. State of Formation | n | 4. Brief description | of the character of the bu | siness which is actually conducted in | n Rhode Island | | |
| RHODE ISLAND REAL ESTATE OWNERSHIP | | | | | | | |
| 5. Principal office address | | | | City | State | Zip | |
| Jason Drive | | | | Lincoln | RI | 02865 | |
| | DRESS OF L | IMITED LIABIL | ITY COMPANY AND | NAME OR TITLE OF CONT | ACT PERSON: | • | |
| Contact Name | | | | • | : | | |
| Joseph Raheb | | | | City | Attorney City State Zip | | |
| Street Address | | | | Lincoln | RI | 02865 | |
| 50 Washington Hwy. | | | | EIIICOIII | 120 | 102003 | |
| Manager Name | | | | Manager Name | Manager Name | | |
| Street Address | | | | Street Address | Street Address | | |
| | | State | Ζip | City | State | Zψ | |
| City | | | | | | J | |
| •••• | | l | | Manaper Name | | | |
| City Manager Name | •••••• | J | | Manager Name | | $\langle Y_i \rangle$ | |
| •••• | | l | | Manager Name Street Address | | | |
| Manager Name | | | | | | | |
| Manager Name Street Address | | State | <i>Zip</i> | | State | 一 | |
| Manager Name Street Address City | | | | Street Address City | | Tag SER | |
| Manager Name Street Address City 8. RESIDENT A | GENT IN RH | | | Street Address City hanges require filing of Fo | | TO SEP II | |
| Managet Name Street Address City 8. RESIDENT A Agent Name | | | | Street Address City | | IST SEP 18 | |
| Manager Name Street Address City | | | | Street Address City hanges require filing of Fo | orm 642 - R.I.G.L. 7-16-1 | 8 360 | |
| Manager Name Street Address City 8. RESIDENT A Agent Name | b, Esq. | | | Street Address City hanges require filing of Fo | orm 642 - R.I.G.L. 7-16-1 | 8 30 | |

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

| | 9.18.08 |
|-----------|-----------------------------|
| File Date | 12/0000 |
| Check No | 462 |
| Ву: | mnc |
| FOR | SECRETARY OF STATE USE ONLY |

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.

Mechan Rell

9-12-08

Signature of Authorized Person

Date

MICHAEL KINE