



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 2009

Filing Period: September 1 - November 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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. 143756		2. Exact name of the limited liability company ASLEH FILMS LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island VIDEO, MEDIA PRODUCTION	
5. Principal office address 235 Meeting St		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name SALIM MICHEL MAKHLouF		Contact Title OWNER	
Street Address P O BOX 6667		City PROVIDENCE	State RI
		Zip 02940	
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 SALIM MICHEL MAKHLouF		Manager Name	
Street Address P O BOX 6667		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02940		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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

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.

Selim Makhlouf June 16, 2010
Signature of Authorized Person Date
SALIM MAKHLouF
Print or Type Name of Authorized Person

File Date **FILED**
Check No. **JUN 18 2010**
By: [Signature]
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