

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 2010

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. 485235		a name of the limited liability company ILUTH CHASIDIM, LLC					
R. State of Formation RHODE ISLAND i. Brief description of the character of the business u INVESTMENTS			ousiness which is actually conducted in Rhod	bich is actually conducted in Rhode Island			
5. Principal office address 293 DOYLE AVE			PROVIDENCE	State RI	Ζίρ 02906		
6. MAILING ADDR Contact Name MARC W. DIAMO		MITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTACT Contact Title	PERSON:		
Street Address 293 DOYLE AVE				City PROVIDENCE	State RI	<i>Zip</i> 02906	
7. NAME AND ADI	PRESS OF			. ED LIABILITY COMPANY, IF APP ING ATTACHMENTS ("X" BOX FO		<u> </u>	
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
City		State	Zip	Сиу	State	Zip	
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
City		State	Zip	City	State	Zip	
8. RESIDENT AGENT This information is contact the second s			Office of the Secretary	; y of State. Changes require filing of I	Form 642 - R.I.G.L. 7-	16-11	

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

485235

 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.

Signature of Authorized Person

Date Date

MARC W. DIAMOND

Print or Type Name of Authorized Person