RI SOS Filing Number: 201183294060 Date: 09/21/2011 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 2011

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
508373	JAMRA, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	Restaurant, Hookah Lounge.

5. Principal office address	City	State	Zip
27 Lancaster St	Providence	RI	02906

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

Contact Name	Contact Title
GEORGES MAKHLOUF	MANAGER / MEMBER

Street Address	City	State	Zip
27 Lancaster St	Providence	RI	02906

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		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
Address	City	Zip

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SECRETARY OF STATE
CORPORATIONS DIV
2011 SEP 21 AM 11:36

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

FILED
File Date SEP 21 2011
Check No. a 152470
By: BY
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.

Signature of Authorized Person *Date* 9/21/11

GEORGES MAKHLOUF
Print or Type Name of Authorized Person

Form 632 Rev. 07/07