



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.<br><b>220396</b>  |                    | 2. Exact name of the limited liability company<br><b>NARA, LLC</b>  |  |                     |     |
| 3. State of Formation<br><b>RI</b>  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>Restaurant, Hookah Lounge</b> |  |                     |     |
| 5. Principal office address<br><b>27 Lancaster St</b>   |                    | City<br><b>Providence</b>   | State<br><b>RI</b>                       | Zip<br><b>02906</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |                    |   |  |                     |     |
| Contact Name<br><b>GEORGES MAKHLUF</b>  |                    |   | Contact Title<br><b>MANAGER / MEMBER</b> |                     |     |
| Street Address<br><b>27 Lancaster St</b>  |                    | City<br><b>Pro</b>  | State<br><b>RI</b>                       | Zip<br><b>02906</b> |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |   |  |                     |     |
| Manager Name<br><b>GEORGES MAKHLUF</b>  |                    |   | Manager Name                             |                     |     |
| Street Address<br><b>27 Lancaster St</b>  |                    |   | Street Address                           |                     |     |
| City<br><b>Pro</b>  | State<br><b>RI</b> | Zip<br><b>02906</b>   | 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                 |     |

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

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File Date SEP 21 2011

Check No. 152475

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

**GEORGES MAKHLUF**  
Print or Type Name of Authorized Person