



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, 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. 276154		2. Exact name of the limited liability company MAKHOUF, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Building.	
5. Principal office address 27 Lancaster St		City Providence	State RI
		Zip 02902	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GEORGES MAKHOUF		Contact Title HANA	
Street Address 27 Lancaster St		City Providence	State RI
		Zip 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) <input type="checkbox"/>			
Manager Name GEORGES MAKHOUF		Manager Name	
Street Address 27 Lancaster St		Street Address	
City Pro	State RI	City	State
Zip 02906		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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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 SECRETARY OF STATE
 CORPORATIONS DIV
 2011 SEP 21 AM 11:36

FILED

File Date SEP 21 2011

Check No. 0-152477

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)
 Signature of Authorized Person 9/21/11
 Date
GEORGES MAKHOUF
 Print or Type Name of Authorized Person