RALPH MOIL		nd and Provide the Secretary o		DNS Fee: \$50.00
	Division	•	lotato	
		Of Business Serv	vices	
u the		W. River Street	ices	
	Provide	ence RI 02904-26	515	
cretary of Sta	(4	01) 222-3040		
imited Liability	Company			
Annual Report	ber 1 - November 1			
	.I.G.L. 7-16-66(d), each limited			to
	vithin thirty (30) days after the ti ect to a penalty fee of \$25.00.	ime prescribed by	law (R.I.G.L.	
ANNUAL REPORT Y				
1. ID No. <u>00055</u>				
2. Exact Name of t	the Limited Liability Compan	y Shekhar, LLC		
3. State of Formati	ion			
State: MA				
Real Estate rental. 5. Principal Office A	Address			
No. and Street:	68 TOWER STREET			
City or Town:	HUDSON	State: MA	Zip: <u>01749</u>	Country: <u>USA</u>
6. Mailing Address	of Limited Liability Compan	y and Name or T	itle of Contact P	Person:
Contact Name: SHI	EKHAR MEHTA Contact Title:	MANAGER		
No. and Street:	68 TOWER STREET			
City or Town:	HUDSON	State: <u>MA</u>	Zip: <u>01749</u>	Country: <u>USA</u>
7. Name and Addre DO NOT LIST ME	ess of Each Manager of the L EMBERS	imited Liability	Company, if App	blicable.
Title	Individual Nar		Ado	lress
	First, Middle, Last, S		ddress, City or Town,	State, Zip Code, Country
	SHEKHAR MEHTA	<b>д</b>		ER STREET A 01749 USA
MANAGER				
B. RESIDENT AGEN	IT IN RHODE ISLAND - DO NC Filing of Form 642 - R.I.G.L.			

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

**Signed this 28 Day of September, 2011 at 12:14:51 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>SHEKHAR MEHTA</u> Signature of Authorized Person

Form No. 632

Revised 09/07

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