



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* • **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)(v)) is subject to a penalty fee of \$25.00.

1. ID No. 120969		2. Exact name of the limited liability company Bahra Real Estate Company, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Development and Management			
5. Principal office address 275 Phenix Avenue		City Cranston	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mohamed Bahra			Contact Title Manager		
Street Address Post Office Box 10429		City Cranston	State RI	Zip 02919	
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 Mohamed Bahra			Manager Name		
Street Address Post Office Box 10429		Street Address			
City Cranston	State RI	Zip 02919	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2011 DEC 30 AM 10:17

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

120969

FILED
DEC 30 2011

By MME
CU# 3709

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.

MME 12/27/11
Signature of Authorized Person Date

MUHAMMAD YOUSSEF & SALWA
Print of Type Name of Authorized Person

File Date _____
Check No. _____
By _____
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