



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 2006

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&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000134431		2. Exact name of the limited liability company ERANI, 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				
5. Principal office address 20 KRISTIN DRIVE				City CRANSTON	State RI	Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name DIONISIOS P. SAMPALIS				Contact Title MANAGER			
Street Address 20 KRISTIN DRIVE				City CRANSTON	State RI	Zip 02921	
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 DIONISIOS P. SAMPALIS				Manager Name			
Street Address 20 KRISTIN DRIVE				Street Address			
City CRANSTON	State RI	Zip 02921	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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 OFFICE OF THE SECRETARY OF STATE
 CORPORATIONS DIV
 2012 JAN 13 AM 10:40

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

000134431

FILED

File Date JAN 13 2012
 Check No. 160606 10:39
 By: [Signature]
 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] 1/12/12
 Signature of Authorized Person Date

DIONISIOS P. SAMPALIS

Print or Type Name of Authorized Person