



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2008**

**Filing Period:** September 1 - November 1 • This report must be typed or printed legibly.

**Filing Fee:** \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>126418</b>		2. Exact name of the limited liability company <b>PORTSMOUTH PLAZA ASSOCIATES, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE RENTAL</b>			
5. Principal office address <b>11 PATRICIA ANN DRIVE</b>		City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>GABI WASSOUF</b>		Contact Title <b>OWNER</b>			
Street Address <b>11 PATRICIA ANN DRIVE</b>		City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Street Address		Manager Name			
City		State		Zip	
Street Address		Manager Name			
City		State		Zip	
Street Address		Manager Name			
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 Form 642.					

**FILED**  
 MAR 21 2012  
 By 166789  
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2012 MAR 21 AM 10:36  
 SECRETARY OF STATE  
 CORPORATIONS DIV

File Date \_\_\_\_\_  
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 By: \_\_\_\_\_

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.

Gabi Wassouf  
 Signature of Authorized Person \_\_\_\_\_ Date \_\_\_\_\_  
Gabi Wassouf  
 Print or Type Name of Authorized Person

**FOR SECRETARY OF STATE USE ONLY**