



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 2015

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. 790966		2. Exact name of the limited liability company RAHEB STANLEY LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENT			
5. Principal office address 867 UPPER MAPLE STREET		City DAYVILLE		State CT	Zip 06241
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOSEPH RAHEB		Contact Title ATTORNEY			
Street Address 650 WASHINGTON HWY.		City LINCOLN		State RI	Zip 02865
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City		State	Zip	City	State
Manager Name		Manager Name			
Street Address		Street Address			
City		State	Zip	City	State
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

OCT 21 2015

By 259053
Kll

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.

Edmond B. Raheb 10-1-15
 Signature of Authorized Person Date

EDMOND B. RAHEB
 Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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