

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: Septe FORM MUST BE TYPE			Filing Fee: \$50.0	0		
i. ID No.		name of the limited			<del></del>	<del></del>
101406		H KABOB, LLC				
3. State of Formation		1 '	of the character of the bu	stness which is actually conducted	in Rhode Island	· ·
RHODE ISLAND		DRLI		_		
5. Principal office addre	ಌ	<u> </u>		City	State	Zip .
555 SMITHFIEL	D AVE	AME		PAWTUCKET	RI	02860
6. MAILING ADDI	RESS O	F LIMITED LIA	BILITY COMPANY	Contact Title	OF CONTACT I	PERSON:
JOHN GHAZAL				•MEMBER/MANAGER	State	[7:_
i <i>rees Address</i> 155 SMITHFIELD	אידעות ר	n Tie		City  • PAWTUCKET	RI	<i>Zip</i> 02860-
			ACED OF THE LD	MITED LIABILITY COM	<del></del>	
. NAME AND ADI	DRESS			TTACHMENTS ("X" BOX F		
	ANY M			S FILING OF AMENDMENT.		· —
lanager Name	_			• Manager Name	•	· · - ·
OHN GHAZAL				•		
Greet Address				*Street Address		•
250 SHAWMUT AV	VENUE	<u>.</u>		•		
City		State	Zip	*City	State	Zip
CENTRAL FALLS		RI	02863		. <b></b>	
lanager Name				*Manager Name		
treet Address	•	<del></del>	·	Street Address		
				•		
lity		State	Zip	City	State	Ziρ
gent Name  DAVID DIPALMA,	ESQ.			138 WARREN AVE	NUR	197
ddress				City		Zip
·				EAST PROVIDENCE	Ε	02914
his report must be	signed	in ink by an ac	ithorized person pui	rsuant to 7-16-66.		
*101406 DLLC 10 File Date \\ Check No. \	0/10/05	12:09:01 PM*		this report, including	g алу ассотралуіп	affirm that I have examined g schedules and statements, a are true and correct.    O . /6 . C   Date
B <sub>V</sub> : FOR SECRETARY OF S	STATE U	SE ONLY		Frint or Type Name of	FIA PA Authorized Person	Form 632 Rev. 6



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company 1. ID No. 101406 SHISH KABOB, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation **RHODE ISLAND** State Zip 5. Principal office address PAWTUCKET RI 02860 555 SMITHFIELD AVENUE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title .MANAGER JOHN GHAZAL Cirv Zip State Sireei Address 02860-. PAWTUCKET RI 555 SMITHFIELD AVENUE 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name JOHN GHAZAL Street Address · Sireci Address 250 SHAWMUT AVENUE State Zip City State Zip Cirv 02863 CENTRAL FALLS RI Manager Name Manager Name Street Address ·Street Address State .Cirv Zip City State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name DAVID DIPALMA, ESQ. 138 WARREN AVENUE Zip Address Cirv EAST PROVIDENCE 02914

This report must be signed in ink by an authorized person pursuant to 7-16-66.



*101406 D	LLC 09	/14/0	04 01:44:51 PM*
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Check No.	59	≤૪	· 
В <u>у:</u>	B		
FOR SECRET	ARY OF S	TATI	USE ONLY

Inder penalty of perjury, I declare and affirm that I have examined
his report, including any accompanying schedules and statements,
nd that all statements contained herein are true and correct.

JOHN GHAZAL Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company I. ID No. 101406 SHISH KABOB, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **RHODE ISLAND** Zip Cirv 5. Principal office address PAWTUCKET RI 02860 555 SMITHFIELD AVENUE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name JOHN GHAZAL Street Address Cin Zip State . PAWTUCKET RI 02860-555 SMITHFIELD AVENUE 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name JOHN GHAZAL · Street Address Street Address 250 Shawmut Avenue State Zip City Zip State Cirv 02863 Central Falls RI Manager Name Manager Name Street Address ·Street Address State City Sate City Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Igent Name Address DAVID DIPALMA, ESQ. 138 WARREN AVENUE City Zip Address EAST PROVIDENCE 02914

**FILED** 

NOV 07 2003

By Konc

C11334



This report must be signed in ink by an authorized person pursuant to 7-16-66.

*101406 DLLC 09/22/03 11:21:21 AM*			
File Date			
Check No.			
Βχ;			
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 of Authorized Person Date

JOHN GHAZAL

Print or Type Name of Authorized Person



Edward S. Inman, 111. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: Sept FORM MUST BE TYP			Filing Fee: \$50.	00			
1. ID No. 101406	2. Exact	name of the limited KABOB, LLC					
3. State of Formation	<del></del>		of the character of the l	business which is actually conducted i	in Rhode Island		
RHODE ISLAND		DELI					
5. Principal office add	ress			City	State	Zip	
555_SMITHE	TFID A'	VFNIIF		PAWTUCKET	RI	02860	
6. MAILING ADD	RESS C	F LIMITED LL	ABILITY COMPA	NY AND NAME OR TITLE O	OF CONTACT PE	RSON:	
Contact Name JOHN GHAZAL				Contact Title MEMBER/MANA	CFR		
				City	State	Zip	
Sireei Address 555 SMITHFI	ELD AV	E		PAWTUCKET	RI '	02860	
7. NAME AND AD	DRESS (	F EACH MANA	GER OF THE LIN	TITED LIABILITY COMPA	YY, IF APPLICAE	LE	
		FILL. IN SPACE	ES BEFORE, USING	ATTACHMENTS -:BOX J	EOR ATTACHMENTL	And the Control of th	
	ANY M	ODIFICATIONS TO	MANAGERS REQUI	RES FILING OF AMENDMENT. R  • Manager Name	.1.G.L 7-10-12 (a) (2)	7 1-10-02	
Manager Name JOHN G <b>HAZA</b> L				• Manager Hume			
Street Address	<u>-</u> -			* Street Address			
250 SHAWMUT	AVENU	E		•			
City		State	7 <i>ip</i> 02863	City	State	Zip	
CENTRAL FALL Manager Name	S	RI	] . 02003	*Manager Name	1		
Manager Name				·			
Street Address				• Street Address			
City		State	Zip	City	State	Zip	
			(	•			
	NT IN R	HODE ISLAND	DO NOT ALTER- Ch	anges require filling of Fo	orm 642 - R.I.G.L.	7-16-11	
Agent Name				Address			
DAVID DIPALMA, ES	SQ.						
Address 138 WARREN AVEN	ye.			EAST PROVIDENCE	City Zip EAST PROVIDENCE 02914		
138 WAKKEN AVEN	UE 			EAST PROVIDENCE		02514	
٠. ا	= be signe	dinink by an o	authorized person	pursuant to 7-16-66.			
File Date	* 1	JAN 02	6 * E <b>D</b> 2 2003	this report, includin	erjury, I declare and a ig any accompanying nts contained herein	1 10:15:02	
Check No		By_ <i>{\infty</i> }	7020	Signature of Authoriz	od Down	Date	
Ву:		<u> </u>	<u> 18</u> 47/	JOHN GAAZA Print or Type Name of			
FOR SECRETARY	OF STATE	USE ONLY		Frint or Type wame o	y AMINO/ILLU I CISINI	Form 632 Rev. 6/	



By:

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### •**•**

Revised 01/99

#### LIMITED LIABILITY COMPANY

ĺD	Number DLLC 101406	Annual Report for the year 2001				
1.	The name of the limited liability company is:					
	SHISH KABOB, LLC					
The address of the principal office of the limited liability company is:						
	555 Smithfield Avenue, Pawtucket, RI 02860					
3.	. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND					
4.	The name and address of its resident agent is: DAVID DIPALMA, ESQ.					
	138 WARREN AVENUE EAST PROVIDENCE RI 02914					
5.						
	555 Smithf	ield, Ave., Pawtucket, RI 02860				
	state: Deli  If the limited liability company has ma Name	nagers, the name and address of each manager of the limited liability company  Address				
	John Ghazal	250 Shawmut Avenue, Central Falls, RI 02863				
Da	1 0 1 4 0 6	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.  Shish Kabob, LLC  Exact Name of Limited Liability Company				
	FOR SECRETARY OF STATE USE ONLY Date: FILED  ck No.: NOV 1 9 2001	John Ghazal, Member/Manager Title				
	( 1 m	Form No. 632				

DETACH BOTTOM BEFORE RETURNING

✓ Filing Fee: \$50.00

#### To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### LIMITED LIABILITY COMPANY

#### ID Number DLLC 101406

Bv:

Annual Report for the year 2000

	<u></u>							
1.	The name of the limited liability company is:  SHISH KABOB, LLC							
2.	The address of the principal office of the limited liability company is:							
555 Smithfield Avenue Pawtucket, RI 02860								
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND							
4.	4. The name and address of its resident agent is: DAVID DIPALMA							
	138 WARREN AVENUE EAST PROV	'IDENCE RI 02914						
5.	The current mailing address of the limit	ted liability company and the name or title of a person to whom communications						
	may be directed are: 555 Smithf	ield Avenue, Pawtucket, RI 02860°						
	Madeleine Ghazal							
6.	the business in which the limited liability company is actually engaged in this							
	tate:							
7.		the limited liability company has managers, the name and address of each manager of the limited liability company						
	Madeleine Ghazal	250 Shawmut Avenue Central Falls, RI 02863						
Dated		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.						
1 0 1 4 0 6		Shish Kabob, LLC  Exact Name of Limited Liability Company						
File	FOR SECRETARY OF STATE USE ONLY Date:     -   5 - 0 0	By Maileleine Ghazal						
Che	ock No.: 4113	Title Form No. 632						
D	. SA I	Revised 01/99						



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### LIMITED LIABILITY COMPANY

ID	Number <u>LL 101406</u>	Annual Report for the year 1999					
1.	The name of the limited liability company is:						
	SHISH KABOB, LLC						
2.	The address of the principal office of the limited liability company is:  555 Smithfield Avenue Pawtucket, RI 02860						
3.							
4.	is: DAVID DIPALMA						
	138 WARREN AVENUE EAST PROVIDENCE, RI 02914						
5.	The current mailing address of the limited liability company and the name or title of a person to whom communication 555 Smithfield Avenue Pawtucket RI 02860 may be directed are:						
	Madeleine Ghazal- Manager						
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state:  Deli						
7.		s, the name and address of each manager of the limited liability company  Address					
	Madeleine Ghazal	250 Shawmut Avenue Central Falls, RI 02863					
Da	ated <u> </u>	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.  Shish Kaboby LLC					
	* 1 0 1 4 0 6 *	Exact Name of Limited Liability Company					
	FOR SECRETARY OF STATE USE ONLY  Date: 1 - 1 - 9 9	By x Madeleine Ghazal v owenex yourson					
Che Bv:	sck No.: , 3 4 89	Title Form No. 632 Revised 01/99					