



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

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



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.

Signature of Authorized Person [Signature] Date 10.16.05  
Print or Type Name of Authorized Person JOHN GHAZAL

\*101406 DLLC 10/10/05 12:09:01 PM\*

File Date 11/1/05

Check No. 5637

By: KML

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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)

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

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



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.

Signature of Authorized Person Date 10-27-04  
JOHN GHAZAL  
Print or Type Name of Authorized Person

\*101406 DLLC 09/14/04 01:44:51 PM\*

File Date 11/4/04

Check No. 5958

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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)

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

FILED

NOV 07 2003

By Kmc  
C11336

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



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.

John Ghazal 10-14-03  
Signature of Authorized Person Date

JOHN GHAZAL  
Print or Type Name of Authorized Person

\*101406 DLLC 09/22/03 11:21:21 AM\*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY



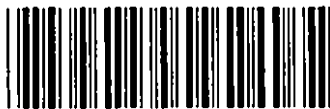
# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101406		2. Exact name of the limited liability company SHISH KABOB, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DELI	
5. Principal office address 555 SMITHFIELD AVENUE		City PAWTUCKET	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN GHAZAL		Contact Title MEMBER/MANAGER	
Street Address 555 SMITHFIELD AVE		City PAWTUCKET	State RI
		Zip 02860	
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 JOHN GHAZAL		Manager Name	
Street Address 250 SHAWMUT AVENUE		Street Address	
City CENTRAL FALLS	State RI	City	State
Zip 02863		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID DIPALMA, ESQ.		Address	
Address 138 WARREN AVENUE		City EAST PROVIDENCE	Zip 02914

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



\* 1 0 1 4 0 6 \*

FILED

JAN 02 2003

File Date

Check No.

By

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



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 DLIC 101406

Annual Report for the year 2001

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. The name and address of its resident agent is: DAVID DIPALMA, ESQ.

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 communications may be directed are: John Ghazal

555 Smithfield Ave., Pawtucket, RI 02860

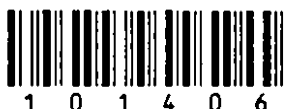
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Deli

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

John Ghazal

250 Shawmut Avenue, Central Falls, RI 02863

Dated 10/21/2001



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

By X

John Ghazal, Member/Manager

Title

Form No. 632  
Revised 01/99

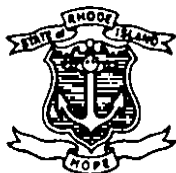
FOR SECRETARY OF STATE USE ONLY	
File Date:	<b>FILED</b>
Check No.:	NOV 19 2001
By:	By <u>64507</u>

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at [www.state.ri.us](http://www.state.ri.us)

✓ 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

Annual Report for the year 2000

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. The name and address of its resident agent 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 communications may be directed are: 555 Smithfield Avenue, Pawtucket, RI 02860

Madeleine Ghazal

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Deli

7. If 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.

Shish Kabob, LLC

Exact Name of Limited Liability Company

By x

Madeleine Ghazal

x

OWNER

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 11-15-00

Check No.: 4413

Bv: NSA

Form No. 632  
Revised 01/99

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 LL 101406

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. 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

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 communications may be directed are:

555 Smithfield Avenue Pawtucket RI 02860

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: Del1

7. If 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 10-9-99



\* 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

By x Madeleine Ghazal  
x OWNER MANAGER  
Title

FOR SECRETARY OF STATE USE ONLY

File Date: 11-1-99

Check No.: 3489

By: SA

Form No. 632  
Revised 01/99