

RÉCEIVED SECRETARY OF STATE CORPORATIONS DIV. LIP

Annual Report for the year: 2018
Limited Liability Company

2010 SEP 10 AM 11: 09

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	4	2. Exact name of the Limited Liability Company				
543945	KAHE	RAHEB VENTURES LLC				
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island				
531390	REAL EST	REAL ESTATE DEVELOPMENT				
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
650 WASHINGTON HWY., SUITE 200			LINCOLN	RI	02865	
7. Mailing Address of Limited	Liability Compa	iny and Name oi	Title of Contact Person			
Contact Name JOSEPH RAHEB			Contact Title ATTORNEY			
Street Address 650 WASHINGTON HWY., SUITE 200			City LINCOLN	State RI	^{Zip} 02865	
	s and addresses	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name NONE			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
i		<u></u>		Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode I	sland. This inform	nation is currently	of record with the Department of Si	tate. Changes require filir	ng Form 642.	
Under penalty of perjury, I o statements, and that all sta			examined this report, includi true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person JOSEPH RAHEB Date 8-21-18					21 16	
JOSEPH RAHEB				8-2	1-18	
Signature of Authorized Pers	MAN	Calul	N DOCUMENT HERE			
	0 - 9,00	g-d/MrV				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 632 - Revised: 10/2011