



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. 139814		2. Exact name of the limited liability company CHEM = RITAL, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Retail liquor store	
5. Principal office address 593 Weeden St.		City Pawt.	State RI
			Zip 02860
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Bunthoen Chhem		Contact Title owner	
Street Address 593 Weeden St.		City Pawt	State RI
			Zip 02860
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 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 Lina Chhem		Manager Name	
Street Address 2 West Butterfly way		Street Address	
City Lincoln	State RI	City	State
Zip 02865		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 Bunthoen Chhem		Address	
Address 2 West Butterfly way		City Lincoln, RI	Zip 02865

FILED

OCT 10 2006

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

By AmE

11-3736

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] 10-10-06
Signature of Authorized Person Date
Lina Chhem
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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