





**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. <b>121029</b>		2. Exact name of the limited liability company <b>PRASH, L.L.C.</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Restaurant - Food Service</b>			
5. Principal office address <b>1 Pocasset Ave.</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Prashant Patel</b>			Contact Title <b>Manager</b>		
Street Address <b>30 Poland St. - B7</b>			City <b>Webster</b>	State <b>MA</b>	Zip <b>01570</b>
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 <b>Prashant Patel</b>			Manager Name		
Street Address <b>30 Poland St.</b>			Street Address		
City <b>Webster</b>	State <b>MA</b>	Zip <b>01570</b>	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 <b>Raymond A. Tomasso, Esq.</b>			Address		
Address <b>1258 Elmwood Ave.</b>			City <b>Providence</b>	Zip <b>02907</b>	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-6

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 05 SEP 22 AM 8:58

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.

Prashant Patel 9-20-05  
Signature of Authorized Person Date

**Prashant Patel**

Print or Type Name of Authorized Person

<b>FILED</b>	
File Date	<b>SEP 22 2005</b>
Check No.	By <u>Prashant Patel</u>
By:	<u>77600</u>
FOR SECRETARY OF STATE USE ONLY	



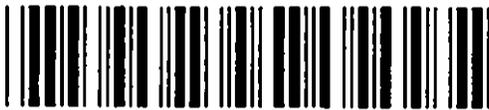
**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121029		2. Exact name of the limited liability company PRASH, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Restaurant - Food Service			
5. Principal office address 1 Pocasset Avenue			City Providence	State RI	Zip 02909
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Prashant Patel			Contact Title Manager		
Street Address 30 Poland St. - B7			City Webster	State MA	Zip 01570
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 Prashant Patel			Manager Name		
Street Address 30 Poland St.			Street Address		
City Webster	State MA	Zip 01570	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 RAYMOND A. TOMASSO, ESQ.			Address		
Address 1258 ELMWOOD AVENUE			City PROVIDENCE	Zip 02907-	

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



\* 1 2 1 0 2 9 \*

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.

File Date 9-22-03  
Check No. 544  
By: ac  
FOR SECRETARY OF STATE USE ONLY

Prashant 10-15-03  
Signature of Authorized Person Date  
Prashant Patel  
Print or Type Name of Authorized Person



**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. 121029		2. Exact name of the limited liability company PRASH, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Restaurant - Food Service			
5. Principal office address 1 Pocasset Avenue		City Providence	State RI	Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Prashant Patel			Contact Title Manager		
Street Address 30 Poland St. - B7		City Webster	State MA	Zip 01570	
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 Prashant Patel		*Manager Name			
Street Address 30 Poland St.		*Street Address			
City Webster	State MA	Zip 01570	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 RAYMOND A. TOMASSO, ESQ.			Address		
Address 1258 ELMWOOD AVENUE			City PROVIDENCE	Zip 02907-	

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



\* 1 2 1 0 2 9 \*

File Date	2-7-03
Check No.	305
By:	UP
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: Prashant Patel Date: 1-24-03  
Print or Type Name of Authorized Person: Prashant Patel