



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)

Main form containing sections 1-8: 1. ID No. 130731, 2. Exact name of the limited liability company Arrow Properties, LLC, 3. State of Formation RHODE ISLAND, 4. Brief description of the character of the business USED AUTO SALES RENTAL PROPERTY, 5. Principal office address 433 HARTFORD AVE, PROV, RI, 02909, 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: DENNIS ZIRA SR, MANAGER, 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE (DENNIS ZIRA SR and DENNIS ZIRA JR), 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11: DENNIS ZIRA, SR., 433 HARTFORD AVENUE, PROVIDENCE, 02909.

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



FILED 31

File Date

AUG 29 2005

Check No.

By M 75901

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: Dennis Zira Sr, Date: 8/27/05

Print or Type Name of Authorized Person: DENNIS ZIRA SR



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 130731		2. Exact name of the limited liability company Arrow Properties, LLC					
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island USED AUTO SALES RENTAL PROPERTY					
5. Principal office address 433 HARTFORD AVE.				City PROV	State RI	Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name DENNIS ZIRA SR				Contact Title MANAGER			
Street Address 433 HARTFORD AVE				City PROV	State RI	Zip 02909	
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 DENNIS ZIRA SR				Manager Name DENNIS ZIRA JR			
Street Address 433 HARTFORD AVE				Street Address 9 MORRILL LANE APT 4			
City PROV	State RI	Zip 02909	City N. PROV	State RI	Zip 02904		
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 DENNIS ZIRA, SR.				Address			
Address 16 MILTON ROAD				City JOHNSTON	Zip 02919		

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



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SEP 17 12 28 PM '04

File Date **FILED**

Check No. **SEP 17 2004**

By: Matthew A. Brown **COM**

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.

Dennis Zira 9/16/04
Signature of Authorized Person Date

DENNIS ZIRA
Print or Type Name of Authorized Person