



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. 120436 | | 2. Exact name of the limited liability company ELIO'S REAL ESTATE, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE | |
| 5. Principal office address 290 Broad Street | | City Cumberland | State RI |
| | | Zip 02864 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Antoine E. El Hosri | | Contact Title Member | |
| Street Address 290 Broad Street | | City Cumberland | State RI |
| | | Zip 02864 | |
| 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 | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 842 - R.I.G.L. 7-16-11 | | | |
| Agent Name Howard S. Portney | | Address | |
| Address 250 Eddie Dowling Hwy. | | City No. Smithfield | Zip 02896 |

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

| | |
|---------------------------------|---------|
| File Date | 9/30/05 |
| Check No. | 171 |
| 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
September 30, 2005
Date
Antoine E. El Hosri
Print or Type Name of Authorized Person



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. 120436 | | 2. Exact name of the limited liability company ELIO'S REAL ESTATE, LLC | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate | |
| 5. Principal office address 290 Broad Street | | City Cumberland | State RI |
| | | Zip 02864 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Antoine E. El Hosri | | Contact Title Member | |
| Street Address 290 Broad Street | | City Cumberland | State RI |
| | | Zip 02864 | |
| 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 | | • Manager Name | |
| Street Address | | • Street Address | |
| City | State | Zip | • 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 Howard S. Portney | | Address | |
| Address 250 Eddie Dowling Highway | | City North Smithfield | Zip 02896 |
| Pg | | | |

FILED

DEC 23 2004

By DA
C53018

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

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.

Antoine E. El Hosri 8/20/04
Signature of Authorized Person Date

Antoine E. El Hosri

Print or Type Name of Authorized Person

File Date 15 DEC 23 PM 12:15

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY



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

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. 120436 | | 2. Exact name of the limited liability company ELIO'S REAL ESTATE, LLC | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate | | |
| 5. Principal office address 290 Broad Street | | City Cumberland | State RI | Zip 02864 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON | | | | |
| Contact Name Antoine E. El Hosri | | Contact Title Member | | |
| Street Address 290 Broad Street | | City Cumberland | State RI | Zip 02864 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS (A* 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 | | Manager Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| Manager Name | | Manager Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | |
| Agent Name Howard S. Portney | | Address | | |
| Address 250 Eddie Dowling Hwy. | | City No. Smithfield | Zip 02896 | |

FILED

DEC 23 2004

By Antoine E. El Hosri
C 53018

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

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.

Antoine E. El Hosri 10/30/04
Signature of Authorized Person Date

Antoine E. El Hosri
Print or Type Name of Authorized Person

File Date 04 DEC 23 PM 12:15
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. 120436 | | 2. Exact name of the limited liability company ELIO'S REAL ESTATE, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate | | | |
| 5. Principal office address 290 Broad Street | | | City Cumberland | State RI | Zip 02864 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Antoine E. El Hosri | | | Contact Title Member | | |
| Street Address 290 Broad Street | | | City Cumberland | State RI | Zip 02864 |
| 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 | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 HOWARD S. PORTNEY | | | Address | | |
| Address 250 EDDIE DOWLING HIGHWAY | | | City NORTH SMITHFIELD | Zip 02896 | |

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



* 1 2 0 4 3 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.

File Date 9-19-02
Check No. 1266
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person _____ Date _____
Antoine E. El Hosri
Print or Type Name of Authorized Person