

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 200 Silling Period: September 1 - November 1 • Filing Fee: \$50.00

Filing Fee: \$50.00 2. Exact name of the limited liability company BROTHERS 3. State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island ESTATE Holdina Coursedire SPRING 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) $\overline{(2)}$ / 7-16-52 Manager Name Manager Name Street Address State Manager Name Street Address Sircel Address Cin. State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

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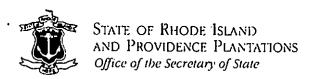
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

Date

02 900

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

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3 State of Formation 4. Brief description of the character of the husiness whic			hich is actually conducted in Rhode Islan	ıd	-	
Connecticut	I	ESTATE	Holding s			
5. Principal office address 293 SPRING STREET 6. MAILING ADDRESS OP LIMITED LIABILITY COMPANY AND NAME			Southing ton E OR TITLE OF CONTACT PERS	Siare Convertions	7.1p 06	457
Charle Charle	S DIFAZIO		Connaci Tile Corporate Couns	seL		
Street Address 293 SPR	ng street		Southington	Connector	L 064.	· らり
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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					<u>ı\$</u>	
Manager Name NASim	KhaLid		Manager Name		10,2	
293 SPRING STIERT			Street Address			
Southington	State C+	06457	City	State	Zip	
Manager Name			Manager Name		200%	SHC SHC
Siren Address			Sircei Address		APR	222 222 222 222 222 223 223 223 223 223
Cuy	State	Zip	City	State	77	PACE ACEN
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER Changes Agent Name TARIA MALMUA			s require filing of Form 642 -	R.I.G.L. 7-16-11	PH 2: 4	ONS DIV
10 BANCROFF STREET			PROVIDENCE	^{ZIP} 02	909	

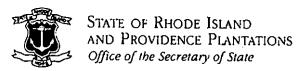
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED	Under penalty of perjury, I declar including any accompanying sch contained herein are true and cor
File Date APR 1 7 2006 MOSSG4693 Check No. By Care	Signature of Authorized Person
POR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized

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.

Manufacture of Authorized Person Date

NASIM KHALID 4/13/06



Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 200

Illing Period: September 1 - November 1	• Filing Fee	e: \$50.00		•
1. 10 No 2. Exact name of the limited liability 1.4561 K. B. CO. No.	company ERS LL		· ·	
		which is actually conducted in Rhode isla	and	
ONNecticut REAL	ESTATE	Holding s		
5 Principal office address 293 SPRING STRES 5. MAILING ADDRESS OPLIMITED LIABILITY CO		Southing ton HE OR TITLE OF CONTACT PER	State CONVOC	time 06457
CHARLES DIFAZIO	·	CORPORTE CON		
293 SPRING STreeT		Southington	CENNECT	cul 06457
7. NAME AND ADDRESS OF EACH MANAGER OF FILL IN SPACES B ANY MODIFICATIONS TO MANA	EFORE USING ATT	ACHMENTS ("X" BOX FOR A	BLE - <u>DO NOT L</u>	IST MEMBERS
Nasim Khalid		Manager Name		
293 SPRING STIERT		Street Address		70.
Southington Ct	²¹⁰ 06457	City:	State	Zip S ECCH
Manager Name		Manager Name		1 L
Sireei Address		Street Address		2. 99F
State State	Zíp	City	State	2: 2: STA
3. RESIDENT AGENT IN RHODE ISLAND - DO NO ARENI NAIME TARIQ MALMUL	OT ALTER - Chang	es require filing of Form 642 Address	- R.I.G.L. 7-16-11	Sh. Sh.
10 BANCROFF STREET		PROVIDENCE	Zip	2909

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

FILED	Under penalty of perjury, I declare and affirm th including any accompanying schedules and state contained herein are true and correct.
Check No. Por MODOGIACG 3	- Mica
Ву:	Signature of Authorized Person WASIM KhaliD
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

nat I have examined this report. ements, and that all statements.



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

(FORM MUST BE TYP	ember I - November I ED OR PRINTED IN BLAG	.,	•			
1. ID No. 114561	1D No. 2. Exact name of the limited liability company					
3. State of Formation	1 '	•	ness which is actually conducted in R	hode Island	_	
CONNECTICUT REAL ESTATE HOLDINGS						
5. Principal office address 293 5 PRING ST			South: Nyton	Siale	^{Zip} 06 48 9	
- 	RESS OF LIMITED I	LIABILITY COMPANY	AND NAME OR TITLE OF	CONTACT P	ERSON:	
Contact Name CLA/	ES DIFATIO		•	· Cor Polate Counsol		
Street Address 293	spring st		:South nyton	State C +	Zip 06 489	
	ORESS OF EACH MAI	CES BEFORE USING ATT	ED LIABILITY COMPANY. FACHMENTS ("X" BOX FOR FILING OF AMENDMENT. R.I.G	R ATTACHMEN	7 □	
Manager Name NAE5M	Khalid		·Manager Name : NAS:M Kh	al.d		
Sireci Address 293 5P	RIN 95 FREET	•	Sircet Address '293 SPR	ing si	•	
Southingto Manager Name	State C+	Zip 06489	City Southington	State CT	Zip O6 489	
Street Address	-		• Street Address			
City	State	Zip .	City	State	Zip	
8. RESIDENT AGE	NT IN RHODE ISLANI) -DO NOT ALTER- Chanc	ges require filing of Form	1 1 642 - R.I.G.I	., 7-16-11	
Agent Name			Address			
TARIQ MAHMUD						
Address 28-30 HARTFORD AVE 10 BANGROFT STREET			City Zip PROVIDENCE 02909-		, in the second	

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



File Date	11-8.02	:
Check No.	5950	
Ву:	de	
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

Filing Fee: \$50.00

Ву:

To be filed annually between September 1 and November 1

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

	_	INITIED EINDIETT COMI AICT			
ID	Number FLLC 114561	Annual Report for the year 2001			
1.	The name of the limited liability compar	ny is:			
	K BROTHERS, LLC				
2.	The address of the principal office of the limited liability company is: 293 5 FR: Ng Street Southington Ct 06489				
3.	The state or other jurisdiction under the	e laws of which it is formed is <u>CONNECTICUT</u>			
4.	•	ame and address of its resident agent is: TARIQ KHAN TARIQ MAHMUD			
	10 BANCROFT STREET PROVIDEN	CE RI 02909-			
5.	The current mailing address of the limit	ted liability company and the name or title of a person to whom communications			
	may be directed are:Cha\bar\s	D. FAZIO, ESP COIPTRAT COUNSEL			
	293 SPRING ST	D. FAZIO, ESP COIPTRAT COUNSEL Southington, Ct 06489.			
6.	A brief statement of the character of	the business in which the limited liability company is actually engaged in this			
	state: REAL EST	ITE Holdings			
7.	If the limited liability company has man	ragers, the name and address of each manager of the limited liability company Address			
	NACEM Khalid	293 SPRING ST SOUTHINGTON, Ct. 06489			
	NASIM Khalid	293 SPRING St Southington, Ct. 06489 293 SPRING St Southington, Ct. 06489			
	10 /23 / 2 /	Under penalty of perjury, I declare and affirm that I have examined this			
υ.	ated /0 /23 / o /	report, including any accompanying schedules and statements, and			
		that all statements contained herein are true and correct.			
		Exact Name of Limited Liability Company			
		10.11 MDL "SE			
Fil	FOR SECRETAR (10) STAFFE (USE ONLY le Date:	By Nasim Khalid			
CH	OCT 2 9 2001	MANAGING MEMBER			
Bu	By SC 80	Form No. 632 Revised 01/99			