



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

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 2005

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

1. ID No. <u>114561</u>		2. Exact name of the limited liability company <u>K BROTHERS LLC</u>	
3. State of Formation <u>Connecticut</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>REAL ESTATE Holdings</u>	
5. Principal office address <u>293 SPRING STREET</u>		City <u>Southington</u>	State <u>Connecticut</u>
		Zip <u>06457</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>CHARLES DIFAZIO</u>		Contact Title <u>CORPORATE COUNSEL</u>	
Street Address <u>293 SPRING STREET</u>		City <u>Southington</u>	State <u>Connecticut</u>
		Zip <u>06457</u>	
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 <u>NASIM khalid</u>		Manager Name	
Street Address <u>293 SPRING STREET</u>		Street Address	
City <u>Southington</u>	State <u>CT</u>	City	State
Zip <u>06457</u>		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 <u>TARIQ Mahmud</u>		Address	
Address <u>10 BANCROFT STREET</u>		City <u>PROVIDENCE</u>	Zip <u>02909</u>

RECEIVED
CORPORATIONS DIV
SECRETARY OF STATE
2006 APR 17 PM 2:43

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

FILED

File Date APR 17 2006
Check No. MO0096093
By [Signature]
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] 4/13/06
Signature of Authorized Person Date

NASIM khalid 4/13/06
Print or Type Name of Authorized Person



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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Street Address <u>293 SPRING STREET</u>		City <u>Southington</u>	State <u>Connecticut</u>
		Zip <u>06457</u>	
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Manager Name <u>NASIM khalid</u>		Manager Name	
Street Address <u>293 SPRING STREET</u>		Street Address	
City <u>Southington</u>	State <u>CT</u>	City	State
Zip <u>06457</u>		City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 <u>TARIQ Mahmud</u>		Address	
Address <u>10 BANCROFT STREET</u>		City <u>PROVIDENCE</u>	Zip <u>02909</u>

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FILED	
File Date	<u>APR 17 2006</u>
Check No.	<u>M00094093</u>
By:	<u>[Signature]</u>
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] 4/13/06
Signature of Authorized Person Date
NASIM khalid 4/13/06
Print or Type Name of Authorized Person



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

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 2003

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

1. ID No <u>114561</u>		2. Exact name of the limited liability company <u>K BROTHERS LLC</u>	
3. State of Formation <u>Connecticut</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>REAL ESTATE Holdings</u>	
5. Principal office address <u>293 SPRING STREET</u>		City <u>Southington</u>	State <u>Connecticut</u>
		Zip <u>06457</u>	
5. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>CHARLES DIFAZIO</u>		Contact Title <u>CORPORATE COUNSEL</u>	
Street Address <u>293 SPRING street</u>		City <u>Southington</u>	State <u>Connecticut</u>
		Zip <u>06457</u>	
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 <u>NASIM khalid</u>		Manager Name	
Street Address <u>293 SPRING street</u>		Street Address	
City <u>Southington</u>	State <u>Ct</u>	City	State
Zip <u>06457</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
3. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <u>TARIQ Mahmud</u>		Address	
Address <u>10 BANCROFT STREET</u>		City <u>PROVIDENCE</u>	Zip <u>02909</u>

RECEIVED
CORPORATIONS DIV
SECRETARY OF STATE
2006 APR 17 PM 2:43

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

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] 4/13/06
Signature of Authorized Person Date

NASIM khalid 4/13/06
Print or Type Name of Authorized Person

FILED

File Date APR 17 2006
Check No. By M00096093
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. 114561		2. Exact name of the limited liability company K BROTHERS, LLC	
3. State of Formation CONNECTICUT		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDINGS	
5. Principal office address 293 SPRING ST		City Southington	State CT
		Zip 06489	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHARLES DIFATIO		Contact Title Corporate Counsel	
Street Address 293 SPRING ST		City Southington	State CT
		Zip 06489	
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 NAEEM khalid		Manager Name NASIM khalid	
Street Address 293 SPRING STREET		Street Address 293 SPRING ST	
City Southington	State CT	City Southington	State CT
Zip 06489		Zip 06489	
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 TARIQ MAHMUD		Address	
Address 28-30 HARTFORD AVE		City PROVIDENCE	Zip 02909-
10 BANGROFT STREET			

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



* 1 1 4 5 6 1 *

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 Nasim Khalid Date 12/6/02

NASIM KHALID
Print or Type Name of Authorized Person

File Date	11-8-02
Check No.	5950
By:	<u>de</u>
FOR SECRETARY OF STATE USE ONLY	

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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

ID Number FLLC 114561

Annual Report for the year 2001

1. The name of the limited liability company is:

K BROTHERS, LLC

2. The address of the principal office of the limited liability company is: 293 Spring Street
Southington Ct 06489

3. The state or other jurisdiction under the laws of which it is formed is CONNECTICUT

4. The name and address of its resident agent is: ~~TARIQ KHAN~~ TARIQ MAHMUD

10 BANCROFT STREET PROVIDENCE RI 02909-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Charles D. Fazio, Esq. Corporate Counsel

293 Spring St 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 ESTATE Holdings

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

NAEEM Khalid

293 Spring St Southington, Ct. 06489

NASIM Khalid

293 Spring St Southington, Ct. 06489

Dated 10/23/01



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.

K Brothers, LLC

Exact Name of Limited Liability Company

By [Signature]

NASIM Khalid

MANAGING MEMBER

Title

FOR SECRETARY OF STATE USE ONLY
File Date:

OCT 29 2001

Check No.:

By SC 86

By:

CK # 3942

Form No. 632
Revised 01/99