



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)

1 ID No. 127073		2 Exact name of the limited liability company SHREE SADHI, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island CONVENIENCE STORE.			
5 Principal office address 1232 Park Avenue		City Cranston	State RI	Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Rakeshkumar N. Patel		Contact Title Manager			
Street Address 10 Arlington Street, 2nd Floor		City Haverhill	State MA	Zip 01830	
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 Rakeshkumar N. Patel		Manager Name			
Street Address 10 Arlington Street, 2nd Floor		Street Address			
City Haverhill	State MA	Zip 01830	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 JOSEPH A. LAMAGNA		Address			
Address 716 CENTRAL AVENUE		City PAWTUCKET		Zip 02861	

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



127073

File Date 12/12/05
Check No. 6170
By: [Signature]
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.

Rakesh N Patel 10-15-05
Signature of Authorized Person Date

RAKESHKUMAR N. PATEL, MANAGER

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
100 North Main Street
Providence, RI 02903-1335
401.222.3010

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 127073		2 Exact name of the limited liability company SHREE SADHI LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island CONVENIENCE STORE.	
5 Principal office address 1232 Park Avenue		City Cranston	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Rakeshkumar N. Patel		Contact Title Manager	
Street Address 169 Ausdale Road		City Cranston	State RI
		Zip 02910	
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 Rakeshkumar N. Patel		Manager Name	
Street Address 169 Ausdale Road		Street Address	
City Cranston	State RI	City	State
Zip 02910		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 JOSEPH A LAMAGNA		Address	
Address 716 CENTRAL AVENUE		City PAWTUCKET	Zip 02861

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



* 1 2 7 0 7 3 *

File Date 10/29/04
Check No. 1322
By: W

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.

Rakesh N. Patel 10-21-04
Signature of Authorized Person Date

RAKESHKUMAR N. PATEL, MANAGER
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
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 127073		2. Exact name of the limited liability company SHREE SADHI, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONVENIENCE STORE			
5. Principal office address 1232 Park Avenue		City Cranston	State RI	Zip	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Rakeshkumar N. Patel			Contact Title Manager		
Street Address 10 Arlington Street, 2nd Floor		City Haverhill	State MA	Zip 01830	
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 Rakeshkumar N. Patel			Manager Name		
Street Address 10 Arlington Street, 2nd Floor		Street Address			
City Haverhill	State MA	Zip 01830	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 JOSEPH A. LAMAGNA			Address		
Address 716 CENTRAL AVENUE		City PAWTUCKET	Zip 02861-		

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



* 1 2 7 0 7 3 *

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 11/14/03
Check No. 4976
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Rakesh N. Patel 10-25-03
Signature of Authorized Person Date

RAKESHKUMAR N. PATEL, MANAGER
Print or Type Name of Authorized Person