

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: Scrite (FORM MUST BE TYPE)			Filing	Fee: \$50.00						
I ID No.	2 Exact	name of the limited liability company								
127073	SHREE	SADHI, LLC								
3. State of Formation			f the charact	er of the hustness wi	ofch is actually conducted in Rh	ode Island				
RHODE ISLAND CONVENIENCE STORE.										
5 Principal office address					City	State		Zip		
1232 Park Av	renue				Cranston	RI		02910		
6. MAILING ADDR Contact Name Rakeshkumar			гу сомра	ANY AND NAMI	Contact Title	T PERSON:				
Street Address	N. Pat	.e.			Manager					
	Chuan	. Ond 171			City	State		Zip		
10 Arlington		•			Haverhill	MA		01830		
		FILL IN SPAC	ES BEFOR	RE USING ATTA	ILITY COMPANY, IF AP: CHMENTS <i>("X" BOX I</i> LING OF AMENDMENT,	OR ATTACHMENT	-	6-52		
Manager Name			Manager Name							
Rakeshkumar N. Patel				•						
Street Address				Street Address		· ··				
10 Arlington Street, 2nd Floor										
Cur Haverhill		State MA	Zip	01830	City	Sinte	State Zip			
Mannger Name					Manager Name					
Street Address			Street Address							
City		State	Zip		City	State		Zip		
8. RESIDENT AGEN Agent Name JOSEPH A. LAMAGN		ODE ISLAND - D	O NOT AI	.TER - Changes	require filing of Form Address	1 1 642 - R.I.G.L. 7-1	16-11	1		
Address				City		Zíp				
716 CENTRAL AVENUE				PAWTUCKET		02861-				
` 				-	+		•			

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



127073

12/12/03 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.

RAKESHKUMAR N. PATEL, MANAGER

Print or Type Name of Authorized Person



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222 3010

Matthew A. Brown, Secretary of State

Filing Period: Septer	mber 1 - November 1	PANY ANNUA Filling Fee: \$50.00	L REPORT FOR	THE YEAR	2004			
(FORM MUST BE TYPED 1-10 No	OR PRINTED IN BLACK) 2 Exact name of the limited i	liability company						
	1	annay Company						
3 State of Formation	SHREE SADHL LLC rmation 4 Brief description of the character of the business which is actually conducted in Rhode Island							
•	CONVENIENC	•	water is defined, continued in Ant	ac isom				
RHODE ISLAND								
5 Principal office addres			City	State	Zip			
1232 Park Av			Cranston	RI	02910			
	ESS OF LIMITED LIABILI	TY COMPANY AND NA	ME OR TITLE OF CONTAC	r person:				
Contact Name	N D-4-1		Contact Title					
Rakeshkumar	N. Patel		Manager					
Street Address	B.T		Cuv	State	Zip			
169 Aŭŝdale"	Road	•	Cranston	RI	02910			
AN Manager Name	FILL IN SPACEY MODIFICATIONS TO 2	CES BEFORE USING AT	ABILITY COMPANY, IF API TACHMENTS ("X" BOX F FILING OF AMENDMENT, Manager Name	OR ATTACHMENT)	/ 7-16-52			
Rakeshkumar	N. Patel			<u>. </u>				
Since Address			Street Address					
169 Ausdale I	Road .							
City Cranston	State RI	<i>Σip</i> 02910	City	State	Zιp			
Manager Name			Manuger Name					
Street Address	•		Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGEN Agent Name	T IN RHODE ISLAND - I	OO NOT ALTER - Chang	ges require filing of Form Address	642 - R.I.G.L. 7-16-11	ı			
JOSEPH A LAMAGNA	1	·						
Address			City	Zip				

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



File Date 1029/04
Check No. 1322
Ву:
FOR SECRETARY OF STATE USE ONLY

716 CENTRAL AVENUE

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.

Rekaft N. Poder 10-21-04
Signature of Authorized Person Date

RAKESHKUMAR N. PATEL, MANAGER

Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2003

Filing Period: Septer (FORM MUST BE TYPED			Filing Fee: \$50.00						
1. ID No		2. Exact name of the limited hability company							
127073	1	SHREE SADHI, LLC							
3. State of Formation		4 Bruf description of the character of the husiness which is actually conducted in Rhode Island							
RHODE ISLAND		CONVENIE	ENCE STORE						
5. Principal office address				City	State	Zip			
1232 Park Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM				Cranston ME OR TITLE OF CONTACT					
Contact Name				Contact Title					
Rakeshkumar	N. Pat	tel		Manager					
Street Address				City	State	Zip			
10 Arlington	Stree	et, 2nd Floo	r	Haverhill	MA	01830			
		FULL IN SPACE	ES BEFORE USING ATT	BILITY COMPANY, IF APPI ACHMENTS ("X" BOX FO FILING OF AMENDMENT, R	OR ATTACHMENT				
Manager Name			Manager Name						
Rakeshkumar	N. Pat	el							
Street Address				Street Address		.			
10 Arlington Street, 2nd Floor			r .			<u> </u>			
Cuy Haverhill		State MA	<i>Σι</i> ρ 01830	City	State Zip				
Manager Name				Manager Name					
Street Address				Sirver Address					
City		State	Zip	Cuy	State	Zip			
8. RESIDENT AGENT Agent Name JOSEPH A. LAMAGNA		ODE ISLAND - DO	O NOT ALTER - Change	es require filing of Form (Address	642 - R.I.G.I 7-1	6-11			
Address				Chi) · · · · · · · · · · · · · · · · · · ·			
716 CENTRAL AVENUE				PAWTUCKET Zip 02861-					
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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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.

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