



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.<br>129074   |       | 2. Exact name of the limited liability company<br>RAHEB PROPERTIES PROV, LLC   |              |
| 3. State of Formation<br>RHODE ISLAND   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE OWNERSHIP |              |
| 5. Principal office address<br>1 Jason Drive  |       | City<br>Lincoln  | State<br>RI  |
|   |       | Zip<br>02865   |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |  |              |
| Contact Name<br>Joseph Raheb  |       | Contact Title<br>Attorney  |              |
| Street Address<br>650 Washington Hwy.   |       | City<br>Lincoln  | State<br>RI  |
|   |       | Zip<br>02865   |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE.<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>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         |
| Manager Name  |       |  | Manager Name |
| Street Address  |       | Street Address   |              |
| City  | State | Zip  | City         |
| State   |       | 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<br>Joseph Raheb, Esq.  |       | Address  |              |
| Address<br>650 Washington Hwy.  |       | City<br>Lincoln  | Zip<br>02865 |

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



1 2 9 0 7 4

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.

Michael Raheb, MEMBER  
Signature of Authorized Person Date 9/15/05  
MICHAEL RAHEB  
Print or Type Name of Authorized Person

|                                 |         |
|---------------------------------|---------|
| File Date                       | 9-29-05 |
| Check No.                       | 12202   |
| By:                             | AMF     |
| FOR SECRETARY OF STATE USE ONLY |         |



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Signature of Authorized Person / Date  
MICHAEL RAHEB SEP 20 2004  
Print or Type Name of Authorized Person

|                                 |         |
|---------------------------------|---------|
| File Date                       | 9-21-04 |
| Check No.                       | 11422   |
| By:                             | AMF     |
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