



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. 129075		2. Exact name of the limited liability company RAHEB PROPERTIES CF, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP	
5. Principal office address 1 Jason Drive		City Lincoln	State RI Zip 02865
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: Joseph Raheb Contact Title: Attorney			
Street Address 650 Washington Hwy.		City Lincoln	State RI Zip 02865
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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 Raheb, Esq.		Address	
Address 650 Washington Hwy.		City Lincoln	Zip 02865

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



1 2 9 0 7 5

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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File Date	4-21-04
Check No.	11422
By:	AMF
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.

Michael Raheb, MEMBER SEP 20 2004  
Signature of Authorized Person Date  
MICHAEL RAHEB SEP 20 2004  
Print or Type Name of Authorized Person