

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) I. ID No. 2. Exact name of the limited liabilty company 129075 RAHEB PROPERTIES CF, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP RHODE ISLAND 5. Principal office address City Zip 1 Jason Drive Lincoln RI 02865 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Joseph Raheb .Attorney Street Address Cin State Zip 650 Washington Hwy. RI .Lincoln 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) 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 Sircei Address City State Zio City State Zip Manager Name Manager Name Street Address ·Sireet Address City Zip City State Ζiρ 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Address Joseph Raheb, Esq. Address Ciry 650 Washington Hwy. Lincoln 02865

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



File Date 9-29-05
Check No. 12202
BX:_ 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 Balut MEMBER 9/15/05
Signature of Authorized Person Date

MICHAEL RAHERS
Print or Type Name of Authorized Person



2. Exact name of the limited liabilty company

RAHEB PROPERTIES CF, LLC

(FORM MUST BE TYPED OR PRINTED IN BLACK)

FOR SECRETARY OF STATE USE ONLY

1. ID No.

129075

3. State of Formation

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4. Brief description of the character of the business which is actually conducted in Rhode Island

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RHODE ISLAND	REAL ESTA	REAL ESTATE OWNERSHIP				
5. Principal office address 1 Jason Drive			City Lincoln	State R I	7 <i>ip</i> 02865	
6. MAILING ADDRES Contact Name Joseph Raheb	S OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITLI Contact Title Attorney	E OF CONTACT PER	SON:	
Street Address 650 Washington Hwy.			City Lincoln	State RI	Zip 02865	
	FILL IN S	PACES BEFORE USIN	LIMITED LIABILITY CONG ATTACHMENTS ("X" BOX UIRES FILING OF AMENDMENT. **Manager Name	(FOR ATTACHMENT)		
Sireei Address			• Sireet Address			
			•			
City	State	Zip	City	State	Zip	
Manager Name]		Manager Name			
Sircet Address			·Sircet Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT I Agent Name Joseph Raheb, Esq.	N RHODE ISLAN	D-DO NOT ALTER- C	hanges require filing of Address	Form 642 - R.I.GL., 7-	16-11	
Address			City	Zi	p	
650 Washington H	650 Washington Hwy.			i c	2865	
This report must be sig	encd in ink by a	n authorized persoi	n pursuant to 7-16-66.	***		
1 3	7 / 6 / /		this report, include	perjury, I declare and affi ling any accompanying so nents contained herein are	hedules and statements,	
File Date 4" X	17-09 177	_	Milal.	Rell MEMOER	SEP 2 0 20 04	
Check No.	ME		Signature of Author	REL RAHET	3 SEP 20 201	

Print or Type Name of Authorized Person

Form 632 Rev. 6/02