



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. 137281		2. Exact name of the limited liability company RACHIS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island			
5. Principal office address 1528 CRANSTON STREET			City CRANSTON	State RI	Zip 02920-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DR. ROBERT A. L'EUROPA			Contact Title MANAGER		
Street Address 1528 CRANSTON STREET			City CRANSTON	State RI	Zip 02920
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 DR. ROBERT A. L'EUROPA			Manager Name MANAGER		
Street Address 1528 CRANSTON STREET			Street Address		
City CRANSTON	State RI	Zip 02920	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 STEVEN A. MORETTI, ESQ.			Address 1140 RESERVOIR AVENUE		
Address			City CRANSTON	Zip 02920-	

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



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137281 DLLC 09/15/05 11:41:05 AM	
File Date	10/05/05
Check No.	8408
By:	CXC
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.

Signature of Authorized Person: *[Handwritten Signature]* Date: 9/25/05
Robert A. L'Europa
Print or Type Name of Authorized Person