



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. 117098		2. Exact name of the limited liability company A+ TAILORS & CLEANERS LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Tailor shop and dry cleaning	
5. Principal office address 27 Raymond Tatro Lane		City North Attleboro	State MA
			Zip 02760
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 Ersel Nuay		Manager Name Erol Nuay	
Street Address 27 Raymond Tatro Lane		Street Address 23 Derrick Drive	
City North Attleboro	State MA	Zip 02760	City Attleboro
			State MA
			Zip 02703
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 Joseph Raheb		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 1 7 0 9 8

05 DEC 30 AM 9:19

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.

Ersel Nuay 8-31-5
Signature of Authorized Person Date

Ersel NUAY
Print or Type Name of Authorized Person

FILED
File Date DEC 30 2005
Check No. _____
By [Signature]
FOR SECRETARY OF STATE USE ONLY



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 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Tailor shop and dry cleaning	
5. Principal office address 27 Raymond Tatro Lane		City North Attleboro	State MA
		Zip 02760	
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 Ersel Nuay		Manager Name Erol Nuay	
Street Address 27 Raymond Tatro Lane		Street Address 23 Derrick Drive	
City North Attleboro	State MA	City Attleboro	State MA
	Zip 02760		Zip 02703
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 Joseph Raheb		Address	
Address 650 Washington Hwy.		City Lincoln	Zip 02865

FILED

OCT 22 2004

By M48477

Kmc

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



1 1 7 0 9 8

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.

Ersel Nuay 10-18-04
Signature of Authorized Person Date
Ersel Nuay
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



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 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 117098		2. Exact name of the limited liability company A+ TAILORS & CLEANERS LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Tailor shop and dry cleaning service.			
5. Principal office address 27 Raymond Tatro Lane		City North Attleboro	State MA	Zip 02760	
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 Highway		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 Ersel Nuay		*Manager Name Erol Nuay			
Street Address 27 Raymond Tatro Lane		*Street Address 23 Derrick Drive			
City North Attleboro	State MA	Zip 02760	*City Attleboro	*State MA	*Zip 02703
*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 Joseph Raheb		Address			
Address 650 Washington Highway		City Lincoln	Zip 02865		

FILED

DEC 29 2003

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

By KMC
C 15055



1 1 7 0 9 8

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.

Erol Nuay 12/15/03
Signature of Authorized Person Date
EROL NUAY MANAGER
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 117098		2. Exact name of the limited liability company A+ TAILORS & CLEANERS 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 12 Thomas Leighton Blvd.		City Cumberland	State RI
		Zip 02864	
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 Highway		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 Ersel Nuay		Manager Name Erol Nuay	
Street Address 12 Thomas Leighton Blvd.		Street Address 12 Thomas Leighton Blvd.	
City Cumberland	State RI	Zip 02864	City Cumberland
			State RI
			Zip 02864
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 JOSEPH RAHEB, ESQ.		Address	
Address 650 WASHINGTON HIGHWAY		City LINCOLN	Zip 02865

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



* 1 1 7 0 9 8 *

FILED

File Date

SEP 18 2002

Check No.

By ccax73

By: ll

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.

Ersel Nuay 9-9-2
Signature of Authorized Person Date

Ersel NUAY
Print or Type Name of Authorized Person