



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

2005

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 133793		2. Exact name of the limited liability company Mooshi, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT OF REAL ESTATE	
5. Principal office address 32 Unity St.		City Woonsocket	State RI
		Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ilanna Ball		Contact Title Member	
Street Address 32 Unity St.		City Woonsocket	State RI
		Zip 02895	
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 Ilanna Ball		Manager Name	
Street Address 32 Unity Street		Street Address	
City Woonsocket	State RI	City	State
	Zip 02895		Zip
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 HAGOP S. JAWHARJIAN		Address	
Address 2013 PLAINFIELD PIKE		City JOHNSTON	Zip 02919-

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



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.

File Date	11/21	*133793*
Check No.	50041	
By:		
FOR SECRETARY OF STATE USE ONLY		

9/24/05  
Signature of Authorized Person Date

Ilanna Ball  
Print or Type Name of Authorized Person



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)

1. ID No. 133793		2. Exact name of the limited liability company Mooshi, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Investment of Real Estate and for any other lawful purpose	
5. Principal office address 25 John A. Cummings Way		City Woonsocket	State RI
		Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ilanna Ball		Contact Title Member	
Street Address 32 Unity Street		City Woonsocket	State RI
		Zip 02895	
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 Ilanna Ball - Self		Manager Name	
Street Address 32 Unity St		Street Address	
City Woonsocket	State RI	Zip 02895	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 Hagop Jawharjian		Address	
Address 2013 Plainfield Pike		City Johnston	Zip 02919

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



1 3 3 7 9 3

File Date	11/26/04
Check No.	1092
By:	<i>[Signature]</i>
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.

*Ilanna Ball* 10/19/04  
Signature of Authorized Person Date  
*Ilanna A. Ball*  
Print or Type Name of Authorized Person