



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter)

Federal Employer Identification Number: 562593751 (must be 9 digits)

Annual Report Filing Year: 2013

1.a. Exact name of the limited liability company: MAHIR, LLC

1.b. The exact name of the limited liability company as amended, is: MAHIR, LLC

2a. Location of its principal office:

No. and Street: 188 FERRY ST.

City or Town: MALDEN

State: MA

Zip: 02148

Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 188 FERRY ST.

City or Town: MALDEN

State: MA

Zip: 02148

Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

MAHIR, LLC 188 FERRY STREET MALDEN, MA 02148 LIMITED LIABILITY COMPANY ANNUAL REPORT YEAR FILED FOR 2012 1 NAME OR NAME DOING BUSINESS UNDER IN MASSACHUSETTS: MAHIR, LLC 2 FEDERAL ID NUMBER: 56-2593751 3 PRINCIPAL OFFICE : 188 FERRY STREET, MALDEN, MA 02148 4 NAME AND ADDRESS OF RESIDENT AGENT: ASHISH PATEL, 61 JOHNNY STREET, REVERE, MA 02151 5 DISSOLUTION DATE: NO FIXED DATE ON WHICH IT SHALL DISSOLVE. 6 NAME OF MANAGER : ASHISH PATEL 7 GENERAL CHARACTER OF BUSINESS: THE GENERAL CHARACTER OF THE BUSINESS OF THE LLC IS TO MANAGE A FULL PACKAGE STORE WITH MASSACHUSETTS LOTTERY; TO DO OR CAUSE TO HAVE DONE ANY AND ALL SUCH ACTS AND THINGS AS MAY BE NECESSARY, DESIRABLE, CONVENIENT OR INCIDENTAL TO THE CONSUMMATION OR ACCOMPLISHMENT OF THE PURPOSES OF THE COMPANY; AND, TO OTHERWISE ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES MAY BE ORGANIZED UNDER THE ACT, AS FROM TIME TO TIME AMENDED AND SUPPLEMENTED, AND THE RULES AND REGULATIONS PROMULGATED THERE UNDER. 8 AUTHORIZED SIGNATORY WITH REGARDS TO REAL PROPERTY : ASHISH PATEL _____ SIGNATURE

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: ASHISH PATEL

No. and Street: 61 JOHNNY RD.

City or Town: REVERE

State: MA

Zip: 02151

Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	ASHISH PATEL	188 FERRY ST. MALDEN, MA 02148 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	ASHISH PATEL	188 FERRY ST. MALDEN, MA 02148 USA

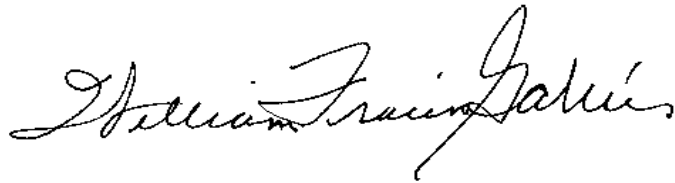
9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 5 Day of March, 2013,
ASHISH PATEL , Signature of Authorized Signatory.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

March 05, 2013 02:52 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style with a large initial 'W' and 'G'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth