

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00. 1 11) No 2. Exact name of the limited liability company 138913 LILY SPA, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RHODE ISLAND 5 Principal office address State 375 ADMIRAL STREET **PROVIDENCE** RΙ 02908 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title **CHOON YUL JEON** Street Address City State 375 ADMIRAL STREET **PROVIDENCE** RΙ 02908 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Manager Name Manager Name Street Address Street Address CHYState Ζip State ZipManager Name Street Address Street Address City State City State Ζip 8. RESIDENT AGENT IN RHODE ISLAND

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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File Date 4-9-20/0

Check No. 17598

By: ________

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 statement contained herein are true and correct.

Signature of Authorized Person

Date

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Print or Type Name of Authorized Person