



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2010

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

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. ID No. <u>000295678</u>		2. Exact name of the limited liability company <u>Silver Crystal Restaurant LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Chinese Restaurant</u>	
5. Principal office address <u>250 Orchard St</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02910</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Sm Yee</u>		Contact Title <u>Agent</u>	
Street Address <u>250 Orchard St</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02910</u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <u>Fr</u>		Manager Name	
Street Address <u>250 Orchard St</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	City	State
Zip <u>02910</u>		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 <u>Sm Yee</u>		Address	
Address <u>250 Orchard St</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02910</u>	

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

FILED

NOV 14 2011

By 150591

File Date _____

Check No. _____

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 statements, contained herein are true and correct.

Sm Yee NOV 13 2011
Signature of Authorized Person Date

Sm Yee
Print or Type Name of Authorized Person