



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2011

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>148543</b>		2. Exact name of the limited liability company <b>American Gene ct LLC</b>			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island <b>provide molecular Biology Services to Researches such as Gene cloning, protein purification, RNA, DNA Isolation</b>			
5. Principal office address <del>505 Pawtucket Ave, 3023</del> <b>11 Auburn st</b>		City <b>Cranston</b>	State <b>RZ</b>	Zip <b>02910</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>Yan Cheng</b>			Contact Title <b>CEO</b>		
Street Address <b>53 Morgan ct</b>		City <b>N. Kingstown</b>	State <b>RZ</b>	Zip <b>02852</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Manager Name <b>Ling Cheng</b>			Manager Name		
Street Address <b>26 Shearwood line</b>			Street Address		
City <b>Barrington</b>	State <b>RZ</b>	Zip <b>02806</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

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BY 6768951 1:09

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 DEPARTMENT OF STATE  
 CORPORATIONS DIV

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.

Yan Cheng 4/17/12  
 Signature of Authorized Person Date  
Yan Cheng  
 Print or Type Name of Authorized Person