



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** 2012

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. <u>484555</u>		2. Exact name of the limited liability company <u>PHANTHAVONG &amp; SOUPHARATH INVESTMENT, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>COMPANY NEVER FORM.</u>			
5. Principal office address <u>24 CURTIS STREET</u>		City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <u>NIKONE SOUPHARATH</u>		Contact Title			
Street Address <u>24 CURTIS STREET</u>		City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (EX BOX FOR ATTACHMENT)</b>					
Manager Name <u>VANHSENG PHANTHAVONG</u>		Manager Name			
Street Address <u>24 CURTIS ST.</u>		Street Address			
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>	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** ←

FEB 14 2013

BY 189969  
10:25

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File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
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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.

Nikone Soupharath 2-14-13  
 Signature of Authorized Person Date  
NIKONE SOUPHARATH  
 Print or Type Name of Authorized Person