



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. 484555		2. Exact name of the limited liability company PHANTHAVONG & SOUPHARATH INVESTMENT, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island COMPANY NEVER FORM.			
5. Principal office address 24 CURTIS STREET		City WARWICK	State RI	Zip 02889	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name NIKONE SOUPHARATH		Contact Title			
Street Address 24 CURTIS STREET		City WARWICK	State RI	Zip 02889	
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"/>					
Manager Name VANHSENG PHANTHAVONG		Manager Name			
Street Address 24 CURTIS ST.		Street Address			
City WARWICK	State RI	Zip 02889	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND:					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

FEB 14 2013

BY CL 189969

10:25

RECEIVED FEB 14 2013 10:25

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.

Nikone Soupharath 2-14-13
 Signature of Authorized Person Date

Nikone Soupharath
 Print or Type Name of Authorized Person