



**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 **2013**

**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>791161</b>		2. Exact name of the limited liability company <b>International Apartment Services, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Any lawful business</b>			
5. Principal office address <b>75 East Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
6. CONTACT INFORMATION OF LIMITED LIABILITY COMPANY AND INDIVIDUALS					
Contact Name <b>Benjamin Ben Tre</b>		Contact Title			
Street Address <b>75 East Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE - DO NOT LIST MEMBERS (IF BOX FOR ATTACHMENT <input type="checkbox"/> )					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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**

**NOV 29 2013**

**1060**

FILED  
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.

**B. Ben Tre**  
Signature of Authorized Person

**11/1/13**  
Date

**Benjamin Ben Tre**  
Print or Type Name of Authorized Person