



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 2015

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.<br><b>000903528</b>   |                    | 2. Exact name of the limited liability company<br><b>LIN ENTERPRISES, LLC</b>                                   |                    |                     |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>RESTAURANT / FOOD SERVICE</b> |                    |                     |     |
| 5. Principal office address<br><b>872 WEST MAIN RD</b>   |                    | City<br><b>MIDDLETOWN</b>   | State<br><b>RI</b> | Zip<br><b>02842</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |                    |   |                    |                     |     |
| Contact Name<br><b>XIU PING LIN</b>  |                    | Contact Title<br><b>MEMBER</b>  |                    |                     |     |
| Street Address<br><b>C/O 136 BOWERY STE 203</b>  |                    | City<br><b>NEW YORK</b>   | State<br><b>NY</b> | Zip<br><b>10013</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"/> |                    |   |                    |                     |     |
| Manager Name<br><b>Chen, Chia</b>  |                    | Manager Name  |                    |                     |     |
| Street Address<br><b>1575 West Main Road</b>   |                    | Street Address  |                    |                     |     |
| City<br><b>Middletown</b>  | State<br><b>RI</b> | Zip<br><b>02842</b>   | 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

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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.

Signature of Authorized Person

11/27/14

Date

XIU PING LIN

Print or Type Name of Authorized Person