

## 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

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## 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.

000122177		ame of the limited lia heung Realty, I				
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
Rí	Own, se	Own, sell, rent and lease real estate				
5. Principal office address 19 Stephens Way			City Cumberland	State RI	Zip <b>02864</b>	
B. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OF TITLE OF CONTACT P	ERSON:		
Contact Name Susie Cheung			Contact Title Manager			
Street Address 19 Stephens Way			City Cumberland	State RI	Zip <b>02864</b>	
LIST ALL MANAGERS	NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	ADDUCABLE	NOTITIET MEMOR	
("X" BOX FOR ATTACH	MENT)			AFFLICABLE DO	NUI LISI MEMBE	
( A BOX FOR ATTACH	MENT)		Manager Name	TO LIVE TO A STATE OF THE STATE	AU LE IMEMBE	
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Manager Name Street Address Sity Ianager Name treet Address	State	Zip Zip	Manager Name  Street Address  City  Manager Name  Street Address  City	State	Zip	

File Date		Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying, schedules and statements, and they distance to the statement of the
Check No	FILED	and that all statements contained fierein are true and correct.    Whi   Men   14/15   Signature of Authorized Person   Mate
FOR SECRETARY OF STATE USE ONLY	SEP 1 0 2015	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

BY.