

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

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.	2. Exact name of the limited liability company					
538732	LAC INVESTMENT GROUP LC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
RI	REMITY INVESTMENT					
5. Principal office address ZILAURA CIRC			CRANSTON	State R (02920	
	TED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:		
Contact Name YIM KHEANG Li			Contact Title PARTNE	Contact Title PARTNER		
Street Address 2 LAURA CIRC			City CRANSTON	State R1	Zip 02920	
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMENT		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AF	PLICABLE - DO N	IOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zìp	
B. RESIDENT AGENT IN RHODE	,					
This information is currently of	record in the	Office of the Secr	etary of State. Changes require filing	g Form 642.		

FILED

SEP 3 0 2015

BY 169	\sim
File Date Check No	Under penalty of perjury, I declare and affirm that I have examined this report, including any apcompanying schedules and statements and that all statements dontained herein are true and correct.
By: FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Pelson () Date VIM KHEANG-LI
	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012