

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 2016

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.

Contact Title YAO CHEN Street Address 1818 MINERAL SPRING AVE 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEME ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address Street Address Street Address Street Address City State Zip Manager Name Street Address Street Address Street Address Street Address Street Address	RHODE ISLAND REAL ESTATE City N PROVIDENCE RI Zip 02904 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name YAO CHEN Street Address 1818 MINERAL SPRING AVE City N PROVIDENCE RI Zip 02904 State YAO CHEN Street Address 1818 MINERAL SPRING AVE TITLE OF CONTACT PERSON: Contact Title MEMBER Street Address Street Address Street Address City N PROVIDENCE RI Zip 02904 T. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip Manager Name Street Address Street Address Street Address Street Address	001197567		ne of the limited liab NVESTMENTS					
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	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.	City	State	Zip	City	State	Zip		
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File Date _____
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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 companied herein are true and correct,

Signature of Authorized Person

Date

YAO CHEN

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012