

## 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.	2. Exact nan	ne of the limited lia	bility company						
91940			iternational 1						
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island							
RI	Inter	nations	I trading						
5. Principal office addr	2 St	41.2 m to the prof. April 10 mm, to 20 m.	City Providen		Zip 02908				
Contact Mores			NAME OR TITLE OF CONTACT F	PERSON:					
ر ع	igene 2ho	ing		Contact Title  Dwner  City  Providence RI  Zip  02908					
	ve St		City Providen	LLE State	2ip 02908				
7. LIST <u>ALL</u> MANAGE ("X" BOX FOR ATT	ERS (NAMES AND ADDI ACHMENT) [	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - DO I	NOT LIST MEMBERS				
Manager Name			Manager Name	Manager Name					
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	Zip				
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8. RESIDENT AGENT	and the state of t		Files Carporter are all second or decide						
This information is cu	rrently of record in the	Office of the Secr	retary of State. Changes require t	filing Form 642.	en en reconstat de les en paren pero vers peutle come (1971)				
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Date

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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.

3-23-16 Signature of Authorized Person

ZHANG

Eugene Y Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012