**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 2012

**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. **143287** | 2. Exact name of the limited liability company **Plums LLC** | | |
| 3. State of Formation **RI** | 4. Brief description of the character of business conducted in Rhode Island **To Buy and Sell Real Estate** | | |
| 5. Principal office address **736 Academy Avenue** | City **Providence** | State **RI** | Zip **02908** |
| **6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:** | | | |
| Contact Name **Peiyu P. Lo** | Contact Title **Vice President** | | |
| Street Address **736 Academy Avenue** | City **Providence** | State **RI** | Zip **02908** |

**7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)** ☐

| | | | | | |
|---|---|---|---|---|---|
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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.**

2016 MAY 25 PM 12:47
SECRETARY OF STATE
CORPORATIONS DIV

**FILED**
MAY 25 2016
By 275168
A.A. 12:55 PM.

**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 — Date 3/9/2016

**Peiyu P. Lo**
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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