

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 2011

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 nar Plums L	ne of the limited liab L C	ility company		
3. State of Formation			oter of business conducted in Rhod	e Island	
RI	To Buy a	nd Sell Real Es	state		
5. Principal office address 736 Academy Avenue			City Providence	State RI	Zip 02908
	IMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:	
Contact Name Peiyu P. Lo			Contact Title Vice President		
Street Address 736 Academy Avenue			City Providence	State RI	^{Zip} 02908
. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM		RESSES) OF THE	LIMITED LIABILITY COMPANY, I	APPLICABLE - DO	NOT LIST MEMBERS
Manager Namo	<u> </u>		Manager Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Ditv	State	7in	City	State	Zip
Manager Name		<u> </u>	Manager Name		
Street Address			Street Address		
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. RESIDENT AGENT IN RHO		Office of the Sec	etary of State. Changes require	filing Form 642	<u> </u>
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File Date	hall			any accompanying	irm that I I e examin' schedules and statems are true and correct.
Check No				2	3/9/20/
By:			C .	Signature of Authorized Person // Date	
FOR SECRETARY OF STATE USE ONLY			Peiyu P. Lo		
			Print or Type Name of	Authorized Person	

Form No. 632 Revised: 01/2012