

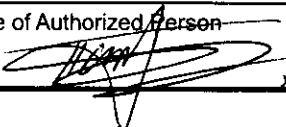


State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016  
Limited Liability Company

- Filing period: September 1 - November 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |       |                                                                                                    |                             |                         |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|----------------------------------|
| 1. Entity ID Number<br><b>536914</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Yang &amp; Kong Llc</b>                       |                             |                         |                                  |
| 3. NAICS Code<br>53 - Real Estate and Rental a <input checked="" type="checkbox"/>                                                                                                                          |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Reaal Estate</b> |                             |                         |                                  |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                    |                             |                         |                                  |
| 6. Principal Office Address<br><b>8 Equality park Place</b>                                                                                                                                                 |       | City<br><b>Newport</b>                                                                             |                             | State<br><b>RI</b>      | Zip<br><b>02840</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                    |                             |                         |                                  |
| Contact Name <b>Tiahua Yang</b>                                                                                                                                                                             |       |                                                                                                    | Contact Title <b>Member</b> |                         |                                  |
| Street Address <b>8 Equality Park Place</b>                                                                                                                                                                 |       |                                                                                                    | City <b>Newport</b>         |                         | State <b>RI</b> Zip <b>02840</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                    |                             |                         |                                  |
| 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                              |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                    |                             |                         |                                  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                    |                             |                         |                                  |
| <i>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.</i> |       |                                                                                                    |                             |                         |                                  |
| Name of Authorized Person<br><b>Tianhua Yang</b>                                                                                                                                                            |       |                                                                                                    |                             | Date<br><b>10/07/16</b> |                                  |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                    |                             | SIGN DOCUMENT HERE      |                                  |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

**FILED**

OCT 13 2016

BY

**1091 DS**