

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.

R.I. DESCRIPTION	
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2016 NOV -3 AM 10: 50

1. Entity ID Number	2. Exact par	ne of the Limited	Liability Company				
1033964	Koi Palace, LLC.						
3. NAICS Code 72 - Accommodation and Foo 5. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Restaurant						
6. Principal Office Address	<u> </u>		City	State	Zip		
1027 Charles Street			North Providence	RI	02904		
7. Mailing Address of Limited Lia	bility Company	y and Name or Ti	itle of Contact Person				
Contact Name Thomas K Lee			Contact Title Owner				
Street Address 1027 Charles Street		City North Providence	State RI	^{Zip} 02904			
8. List ALL managers (names ar	nd addresses)	of the Limited Lia	ability Company, IF APPLICABLE	- DO NOT LIST I	MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City Warwick	State RI	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to it	ndicate an attachment		
9. Resident Agent in Rhode Islan	id. This informat	tion is currently of n	ecord with the Department of State.	Changes require filin	g Form 642.		
Under penalty of perjury, I dec statements, and that all statem				ny accompanyin	g schedules and		
Name of Authorized Person			Date				
Thomas K Lee				10/26/2016			
Signature of Authorized Person	Lu	South In					

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**

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FORM 632 - Revised: 08/2016