RI SOS Filing Number: 201745537800 Date: 6/15/2017 10:27:00 AM



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.

4 5 0 15 1					
1. Entity ID Number	2. Exact name of the Limited Liability Company				
000 528270	Ting family loter prises LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53	Own and leave Keal estate				
5. State of Formation					
ZI					
6. Principal Office Address			City	State	Zip 020120
3 DINCHUIEW DRILL			Crewton	Re	()25E
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Let Sou Acher			Contact Title Premier		
Streepaddress 3 OLYCHULW DLICE			City Mas ton	State	21000920
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					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Date					
Vit SAU Vong 6-14-17					
Signature of Authorized Person					
SIGN DOCUMENT HERE					

MAIL TO:

SS:01MA SI NUL TIOS

**FILED** 

Division of Business Services

148 W. River Street, Providence, Rhode

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

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FORM 632 - Revised: 08/2016