



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015
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 <u>000528210</u> | | 2. Exact name of the Limited Liability Company <u>Yung Family Enterprises LLC</u> | |
| 3. NAICS Code <u>53</u> <input checked="" type="checkbox"/> | | 4. Brief description of the character of business conducted in Rhode Island <u>own and lease real estate</u> | |
| 5. State of Formation <u>RI</u> | | | |
| 6. Principal Office Address <u>3 Birchview Dr.</u> | | City <u>Cranston</u> | State <u>RI</u> |
| | | Zip <u>02920</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>Jet Sam Yung</u> | | Contact Title <u>member</u> | |
| Street Address <u>3 Birchview Dr.</u> | | City <u>Cranston</u> | State <u>RI</u> |
| | | Zip <u>02920</u> | |
| 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 | City | State |
| Zip | | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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. | | | |
| 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 <u>Jet Sam Yung</u> | | Date <u>6/14/17</u> | |
| Signature of Authorized Person <u>Jet Sam Yung</u> | | SIGN DOCUMENT HERE | |

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BY

Buechel

A.A. 10:26 AM

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2619
 Phone: (401) 222-3040
 Website: www.sos.ri.gov