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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

| Annual Report for the year: | 2017 | _ |
|-----------------------------|------|---|
| 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.

|   | 10.5                                 | (A)   | JI -614 C   |                            | ·                     |  |  |
|---|--------------------------------------|---|---|----------------------------|-----------------------|--|--|
| 1. Entity ID Number 000791387                         |                                      | 2. Exact name of the Limited Liability Company  |   |                            |                       |  |  |
| 000791387   |                                      | A & B CHEN ENTERPRISE LLC   |   |                            |                       |  |  |
| 3 NAICS Code  |                                      | Brief description of the character of business conducted in Rhode Island YOGURT STORE |   |                            |                       |  |  |
| 5. State of Formation                                 |                                      |   |   |                            |                       |  |  |
| RHODE ISLAND  |                                      |   |   |                            |                       |  |  |
| 6. Principal Office Address                           |                                      |   | City  | State                      | Zıp                   |  |  |
| 616 GEORGE WASHINGTON HWY                             |                                      |   | LINCOLN   | RI                         | 02865                 |  |  |
| 7. Mailing Address of Limite                          | d Liability Compa                    | ny and Name or  | Title of Contact Person                           | <u> </u>                   |                       |  |  |
| Contact Name MEI YING CHEN                            |                                      |   | Contact Title MEMBER                              | Contact Title MEMBER       |                       |  |  |
| Street Address C/O 112 BOWERY FL 1                    |                                      |   | City NEW YORK                                     | State NY                   | <sup>Zip</sup> 10013  |  |  |
| 8. List ALL managers (name                            | es and addresses                     | s) of the Limited   | Liability Company, IF APPLICAL                    | BLE - DO NOT LIST N        | MEMBERS               |  |  |
| Manager Name  |                                      |   | Manager Name                                      | Manager Namc               |                       |  |  |
| Street Address  |                                      |   | Street Address                                    | Street Address             |                       |  |  |
| City  | State                                | Zıp   | City  | State                      | Zip                   |  |  |
| Manager Name  |                                      |   | Manager Name                                      | Manager Name               |                       |  |  |
| Street Address  |                                      |   | Street Address                                    | Street Address             |                       |  |  |
| City  | State                                | Zip   | City  | State                      | Zip                   |  |  |
| <del></del>   |                                      | <u></u>   |   | Check the box to it        | ndicate an attachment |  |  |
| 9 Resident Agent in Rhode                             | Island. This inform                  | nation is currently   | of record with the Department of Sta              | ate. Changes require filin | g Form <u>642</u> .   |  |  |
| Under penalty of perjury, statements, and that all st | i declare and afi<br>tatements conta | irm that I have ined herein are   | examined this report, including true and correct. | ng any accompanyin         | g schedules and       |  |  |
| Name of Authorized Person                             |                                      |   |   | Date                       | Date                  |  |  |
| MEI YING CHEN   |                                      |   | 09/08/20  | 09/08/2017                 |                       |  |  |
| Signature of Authorized Per                           | rson                                 | SIG   | N 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** 

SEP 2 0 2017

FORM 632 - Revised: 02/2017