RI SOS Filing Number: 201869861300 Date: 6/15/2018 3:55:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV

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Annual Report for the year: **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

—— Penaity: Additional \$25.00	riee ii ioriii is i	not liled by Dece	mber.			
1, Entity ID Number	2. Exact name of the Limited Liability Company					
000156460	TPSP, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531311 🖸	Property ma	nagement				
5. State of Formation	1					
Rhode Island						
6. Principal Office Address	cipal Office Address			State	Zip	
1050 Main Street Suite 19			East Greenwich	RI	02818	
7. Mailing Address of Limited Lia	bility Company	and Name or Tit				
Contact Name Cheryl Shatkin			Contact Title Sectretary			
Street Address 4162 Post Rd #2			City Warwick	State RI	^{Zip} 02818	
8. List ALL managers (names a	nd addresses)	of the Limited Lial	bility Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS	
Manager Name Eckhard Struss			Manager Name			
Street Address c/o 4162 Post Rd #2			Street Address			
City Warwick	State RI	^{Zip} 02818	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 Islan	nd. This informat	ion is currently of re	cord with the Department of Stat	te. Changes require filir	ng Form 642.	
Under penalty of perjury, I dec statements, and that all staten				g any accompanyin	g schedules and	
Name of Authorized Person						
Cheryl Shatkin 5-3/78						
Signature of Authorized Person	7	SIGN DC	CUMENT 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

JUN 15 2018

FORM 632 - Revised: 08/2016