

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2018 JUN 15 PM 3: 46

Annual Report for the year: 2014 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.

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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 management				
5. State of Formation					
Rhode Island					
6. Principal Office Address			City	State	Zip
1050 Main Street Suite 19			East Greenwich	RI	02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Cheryl Shatkin			Contact Title Sectretary		
Street Address 4162 Post Rd #2			City Warwick	State RI	<sup>Zip</sup> 02818
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Eckhard Struss			Manager Name		
Street Address c/o 4162 Post Rd #2			Street Address		
City Warwick	State RI	<sup>Zip</sup> 02818	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachme					
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	
Cheryl Shatkin				53	1.18
Signature of Authorized Person SIGN 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 3.54 FILED

JUN 15 2018

BY\_00332853

FORM 632 - Revised: 08/2016