



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2018 JUN 15 PM 3:46

Annual Report for the year: 2011

## 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<br>000156460   |             | 2. Exact name of the Limited Liability Company<br>TPSP, LLC  |      |                 |              |
| 3. NAICS Code<br>531311  |             | 4. Brief description of the character of business conducted in Rhode Island<br>Property management |      |                 |              |
| 5. State of Formation<br>Rhode Island  |             |  |      |                 |              |
| 6. Principal Office Address<br>1050 Main Street Suite 19   |             | City<br>East Greenwich   |      | State<br>RI     | Zip<br>02818 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |             |  |      |                 |              |
| Contact Name<br>Cheryl Shatkin   |             | Contact Title<br>Secretary   |      |                 |              |
| Street Address<br>4162 Post Rd #2  |             | City<br>Warwick  |      | State<br>RI     | Zip<br>02818 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |             |  |      |                 |              |
| Manager Name<br>Eckhard Struss   |             | Manager Name   |      |                 |              |
| Street Address<br>c/o 4162 Post Rd #2  |             | Street Address   |      |                 |              |
| City<br>Warwick  | State<br>RI | Zip<br>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 <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<br>Cheryl Shatkin  |             |  |      | Date<br>5-31-18 |              |
| Signature of Authorized Person<br><i>Cheryl Shatkin</i>  |             | 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

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 BY *332853*