

## **Department of State - Business Services Division**

2018 JUN 15 PM 3: 46

Annual Report for the year:	2010
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	2. Exact name of the Limited Liability Company					
000156460	TPSP, LLC					
3. NAICS Code  53131  5. State of Formation  Rhode Island	Brief description of the character of business conducted in Rhode Island     Property management					
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	
		<u>]</u>		Check the box to it	ndicate an attachment	
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 5 31-18					1-18	
Signature of Authorized Person SIGN DOCUMENT HERE						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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FORM 632 - Revised: 08/2016