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37.

Annual	Report 1	for the year:
Limited	Liability	/ Company

2018 JUN 15 PK 3: 46

→ 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 000156460	2. Exact name of the Limited Liability Company TPSP, LLC						
3. NAICS Code 531311 a 5. State of Formation	4. Brief descrip Property man		acter of business conducted	in Rhode Island			
Rhode Island	}						
6. Principal Office Address		<u>. </u>	City	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	^{Zıp} 02818		
8. List ALL managers (names ar	nd addresses) of	f the Limited Lial	bility Company, IF APPLICAE	BLE - DO NOT LIST I	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		<u> </u>	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	<u>l</u>	_l	. 	Check the box to i	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	5-3/	5-3/78					
Signature of Authorized Person	ettin	SIGN DC	OCUMENT 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 3:48

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JUN 15 2018

BY ORD 332853