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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

3018-

→ 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							
	00 16 15 409	Zhid Gna // C							
ļ	3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island Chinese Yestawant							
{	122515								
Ì	5. State of Formation								
	RI								
1	6. Principal Office Address	C 12		City	State	Zip			
	1850 Broad	(St #5		Ganston	_ KI	02905			
	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
	Contact Name Xigoling Jian 9			Contact Title bwn-ey					
	Street Address Ryand St #3			city Granston	State	zip 02905			
	8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
	Manager Name Street Address			Manager Name					
				Street Address					
	City	State	Zıp	City	State	Zıp			
	Manager Name Street Address			Manager Name					
				Street Address					
	City	State	Zip	City	State	Zıp			
	Check the box to indicate an attachment								
	9. Resident Agent in Rhode Islan								
	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 Aythorized Person Date / / 2								
1	Xiavling Jiang 08/15/2018								
	Signature of Authorized Person								
1	Xiaw ling hang								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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BY 33,923