

REGEIVED CECRETARY OF STATE CORPORATIONS DIV

2019 APR 15 AM IO: 38

- → 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				
001341059	MAO THANG UC				
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island				
531110	tense rental				
5. State of Formation	1				
RI					
6. Principal Office Address			City	State	Zıp
69 Coggeshallst			Providence	RI	U2908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MAU Thang LLC			Contact Title UWNEY		
Street Address 69 Coggeshall St			city Providence	State R	Zip U2908
8. List ALL managers (names and addresses) of the Limited Liability Company IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Check the box to indicate 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 MAU THANG LLC				Date 4-15-19	
Signature of Authorized Person  Mar Thurs					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 1 5 2019

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