

State of Rhode Island and Providence Plantations

Department of State - Business Services Division RECEIVED LORETARY OF STATE CORPORATIONS DIV

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Annual Report for the year: **Limited Liability Company**

2019 MAY 20 PH 12: 43

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company					
•	-					
000312002	T & T TCC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531190	Lea	se land for	business operations			
5. State of Formation			·			
RI						
6. Principal Office Address			City	State	Zip	
Waldons Way			Block To Gard	RI	02807	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Leone Leone			Contact Title Managing Member			
Street Address PO Box 562			City Black Island	State	Zip 02807	
or List ALL managers (names and addresses) of the Limited Clability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City -	State -	Zip .	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	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						
Elliot Tanbonan, Esq.				5/14/2019		
Signature of Authorized Person						
Alist Tauhan 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 FILED

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FORM 632 - Revised: 10/2017