RI SOS Filing Number: 201918814950 Date: 9/10/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2019 **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					
001687683	Is This Hand Shucked SPE, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531110	real entate.					
5. State of Formation				•		
Delaware						
6. Principal Office Address			City	State	Zip	
881 Alma Real Drive, Suite 213	ı		Pacific Palisades	CA	90272	
7. Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person			
Contact Name			Contact Title			
Street Address 881 Alma Real Drive, Suite 213			City Pacific Palisades	State CA	^{Zip} 90272	
8. List ALL managers (names ar		of the Limited Lia	bility Company, IF APPLICABLE	- DO NOT LIST M	IEMBERS	
Manager Name Brian Chien-Chin	Chen		Manager Name			
Street Address 881 Alma Real Drive, Suite 213			Street Address			
City Pacific Palisades	State CA	^{Zip} 90272	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 filling Form 642.						
Under penalty of perjury, I dec statements, and that all staten				ny accompanying	schedules and	
Name of Authorized Person				Date ,		
Boin Chen				9/6/19		
Signature of Authorized Person / 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

FORM 632 - Revised: 10/2017