State of Rhode Island and Providence Plantations							 _
Department of State - Business Services Division						~	,
-:						2019 NOV	25 35
		7-11				<u> </u>	
Annual Report for the year:						VC	
Limited Liability Company						$\overline{\omega}$	\$35g
→ Filing period: September 1 - November 1						_	
 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. 							- 22 400
7 Charty: Moditional \$25.00 fee in form is not filled by December 1.						0:	NIO V13
Entity ID Number 2. Exact name of the Limited Liability Company						- 8 -	<u> </u>
000 137244							
	Citot NIV FUNG CCC						
NAICS Code 4. Brief description of the character of business conducted in Rhode Island							
722511	, Q	_	_	7 2 2	~- //		
5. State of Formation	/lesix	U RANT.		722	5//		
Rī			•	, 0			- 1
6. Principal Office Address		 .	City	<u> </u>	State	7:-	
420 CRAFSTO	d C_		PROVIDE	NCT.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Zip	8.7
	<u> </u>			02	70+		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name 10							
MENSER							
Street Address 420 CA	City PRW	LUENCE	State 72	Zip	907		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name W. CMAEL	Manager Name						
Street Address 420 (RA	Street Address						
City PROVIPENCE	State	Zip > 0 >	City	· - -	State	Zip	
	KE	1 221+7	·				
Manager Name	Manager Name						
Street Address	Street Address						
	,	<u> </u>					
City	State	Zip	City		State	Zip	
		.H	<u></u>		<u> </u>	<u> </u>	
9. Resident Agent in Rhode Islan	nd. This information	an in our and the of the	and which the December		ck the box to inc		achment
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							
11/1						/19	
Signature of Authorized Person							
W. CHARL CHAN							
DO COTRECT C	' דע	•					

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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