



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

NOV 29 2019

BY

*8822 DS*

**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<br><b>795366</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>A TO Z INTERNATIONAL, LLC</b>                                                                                  |                             |                         |                                  |
| 3. NAICS Code<br><b>812990</b>                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br><br><b>Exporting materials and goods from the United States to foreign countries</b> |                             |                         |                                  |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |  |                                                                                                                                                                     |                             |                         |                                  |
| 6. Principal Office Address<br><b>35 Rosemary Street</b>                                                                                                                                                    |  | City<br><b>Cranston</b>                                                                                                                                             |                             | State<br><b>RI</b>      | Zip<br><b>02920</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                                                                                     |                             |                         |                                  |
| Contact Name <b>Wei Hui Wu</b>                                                                                                                                                                              |  |                                                                                                                                                                     | Contact Title <b>Member</b> |                         |                                  |
| Street Address <b>35 Rosemary Street</b>                                                                                                                                                                    |  |                                                                                                                                                                     | City <b>Cranston</b>        |                         | State <b>RI</b> Zip <b>02920</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |  |                                                                                                                                                                     |                             |                         |                                  |
| Manager N                                                                                                                                                                                                   |  |                                                                                                                                                                     | Manager Name <b>N/A</b>     |                         |                                  |
| Street Address                                                                                                                                                                                              |  |                                                                                                                                                                     | Street Address              |                         |                                  |
| City                                                                                                                                                                                                        |  |                                                                                                                                                                     | City                        |                         | State Zip                        |
| Manager Name <b>N/A</b>                                                                                                                                                                                     |  |                                                                                                                                                                     | Manager Name <b>N/A</b>     |                         |                                  |
| Street Address                                                                                                                                                                                              |  |                                                                                                                                                                     | Street Address              |                         |                                  |
| City                                                                                                                                                                                                        |  | State                                                                                                                                                               | Zip                         | City State Zip          |                                  |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |  |                                                                                                                                                                     |                             |                         |                                  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |  |                                                                                                                                                                     |                             |                         |                                  |
| <b>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.</b> |  |                                                                                                                                                                     |                             |                         |                                  |
| Name of Authorized Person<br><b>Wei Hui Wu</b>                                                                                                                                                              |  |                                                                                                                                                                     |                             | Date<br><b>11/25/19</b> |                                  |
| Signature of Authorized Person<br><br><i>Wei Hui Wu</i>                                                                                                                                                     |  |                                                                                                                                                                     |                             |                         |                                  |

**MAIL TO:**

**Division of Business Services**

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