

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, Rt 02903-1335 401,222,3040

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR.

1 122175	MIKE ZHANG REALT	ZHÄNG REALTY LLEV Company				
3 State of Formation RHODE ISLAND		on of the character of the hi , RENT AND LEASE RI	isiness which is actually conducted in Rhode is EAL ESTATE	land	· · · · · · · · · · · · · · · · · · ·	
5. Principal office addres	vs		City	State	Zip	
629 Clinton Street		Woonsocket	RI	02895		
. MAILING ADDRI	ESS OF LIMITED LIAB	ILITY COMPANY ANI	NAME OR TITLE OF CONTACT PE	RSON:	•	
ontact Name			Contact Title			
Jun Chua	n Zhang					
Invi Address	*** C*****		Clly	State	Zip	
029 Clin	ton Street		Woonsocket	RI	02895	
	IY MODIFICATIONS TO	O MANAGERS REQUI	RES FILING OF AMENDMENT, R.I. (Manager Name	G.L. 7-16-12 (a) (2	t) / 7·16·52	
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lanager Name ity lanager Name treet Address	State	Zip Zip	Manager Name Street Address Manager Name Street Address	State State	Zip Zip	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	122175	
File Date	9/19/05	
Check No.	126	
Ву:	OR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person Date

VIA. 10 0111 16

Print or Type Name of Authorized Person



LLOYD R. GARIEPY

68 CUMBERLAND STREET, SUITE 203

Address

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Alain Street Providence, RI 02003-1335 401-222-3040

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2004

L ID No	2 Exact name of the limit	2 Exact name of the limited liability company					
122175	MIKE ZHANG REALT	ZHANG REALTY, LLC					
3 Mate of Formation	4. Brief descript:	on of the character of the bu	smess which is actually conducted in Rhode Is	land			
RHODE ISLAN	own, s	sell, rent and	lease real estate				
5. Principal office ad	dress		City	State	Zψ		
629 Clin	ton Street		Woonsocket	RI	02895		
		ILITY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:	·		
Sontact Name			Contact Tale				
Jun Chuai	n Zhang						
Street Address	<u> </u>		City	State	Zφ		
629 Clin	ton Street		Woonsocket	RI	02895		
NAME AND A	DDRESS OF FACH MANA	GER OF THE LIMITE	D LIABILITY COMPANY, IF APPLIC	ABLE			
			ATTACHMENTS ("X" BOX FOR				
					7.16.52		
	ANY MODIFICATIONS I	O MANAGERS REQUI	RES FILING OF AMENDMENT, R.J.	g.i /-10-12 (a) (2) /	7-10-52		
Manager Name			Manager Name	Manager Name			
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Street Address			Street Address	Street Address			
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Cav	State	Zφ	City	State	Zip		
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***************			Manager Name	Manager Name			
Manager Name			:	<u> </u>	<u></u>		
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Manager Name Street Address Cay	State	Zφ	Street Address City	State	Zιp		
Sneet Address City			Cuy		Zip		
snoet Address					Zφ		

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WOONSOCKET



File Date 10704 _
Check No
B1
FOR SECRETARY OF STATE USE ONLY

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.

 $Z_i p$

02895

Jun Gum Hamy
Signature of Authorized Person

Jun Chuan Zhang

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR $oldsymbol{\bot}$

2003

1 ID No	2 Exact same of the limited liability company					
122175	MIKE ZHANG RE	MIKE ZHANG REALTY, LLC				
3 State of Formatic	n d Brief description	n of the character of the bus	ritess which is actually conducted in Rhode (Sland		
BUODE IN AUD		.11 work and 1	ease real estate			
3 Principal office a		ii, tent and i	Cus Cus	State	Zip	
• **				RI	0289	
	ton Street, Apartme		Woonsocket NAME OR TITLE OF CONTACT P	• • • •	0209	
Jun Chuai			Coma, Clule			
Street Address 629 Clinton Street Apt. #1			Cay Woonsocket	State RJ	^{Zip} 02895	
fanager Name			Manager Name			
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itreet Adds ess	State	Zψ		State	Zφ	
itreet Address	State	Ζφ	Street Address	State	Zф	
itivet Address In Manager Name	State	Zφ	Street Address City	State	Zφ	
Street Address Ott Manager Name street Address	State State	Zφ. Zφ	Street Address City Manager Name	State State	Ζφ 	
Street Address On Manager Name Street Address On; 3. RESIDENT A	State	Ζφ	Street Address City Manager Name Street Address	State:		
Street Address Chr Manager Name Mirvet Address Chr B. RESIDENT A	State AGENT IN RHODE ISLAND -	Ζφ	Street Address City Manager Name Street Address City hanges require filing of Form 64	State:		
Manager Name Street Address City Manager Name Street Address City B. RESIDENT A Agent Name LLOYD R. GARIE Address	State AGENT IN RHODE ISLAND -	Ζφ	Street Address City Manager Name Street Address City hanges require filing of Form 64	State:		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	* 1 2 2 1 7 5 *
File Date	9-18-03
Check No	/250
By:	<u> </u>
)	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this re	port.
ncluding any accompanying schedules and statements, and that all staten	ients,
contained herein are true and correct.	

for Chu 3hul

Signature of Authorized Person

Date

Jun Chuan Zhang

Print or Type Name of Authorized Person