RI SOS Filing Number: 202054807040 Date: 9/14/2020 3:18:00 PM



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.

| 283    | R.1:             |   |  |
|--------|------------------|---|--|
| MA SEP | SUSPEC<br>SUSPEC |   |  |
| 4      | 829              | - |  |
| 7      | 000              |   |  |
| -      | بن کی کی         | • |  |
|        | <u> </u>         |   |  |

| 1. Entity ID Number <b>001677477</b>                          |                     | 2. Exact name of the Limited Liability Company Start Devt LLC                                       |                                |                             |                       |  |  |  |
|---|---------------------|---|--------------------------------|-----------------------------|-----------------------|--|--|--|
| 3. NAICS Code<br>531110                                       |                     | Brief description of the character of business conducted in Rhode Island     Real estate Investment |                                |                             |                       |  |  |  |
| 5. State of Formation Rhode Island                            |                     |   |                                |                             |                       |  |  |  |
| 6. Principal Office Address 49 Laurel St                      |                     |   | City<br>Ashaway                | State<br>RI                 | Zip<br>02804          |  |  |  |
| 7. Mailing Address of Limited                                 | Liability Compan    | y and Name or Tit   | tle of Contact Person          |                             |                       |  |  |  |
| Contact Name Tiande Ma  |                     |   | Contact Title Managing Member  |                             |                       |  |  |  |
| Street Address 2029 W. 11th St.                               |                     |   | City Brooklyn                  | State NY                    | <sup>Zip</sup> 11223  |  |  |  |
| 8. List ALL managers (names                                   | s and addresses)    | of the Limited Lia  | bility Company, IF APPLICA     | ABLE - DO NOT LIST          | MEMBERS               |  |  |  |
| Manager Name Tiande Ma  |                     |   | Manager Name                   |                             |                       |  |  |  |
| Street Address 2029 W. 11th St.                               |                     |   | Street Address                 |                             |                       |  |  |  |
| <sup>City</sup> Brooklyn                                      | State NY            | Zip 11223   | City                           | State                       | Zip                   |  |  |  |
| Manager Name  |                     | <u> </u>  | Manager Name                   |                             |                       |  |  |  |
| Street Address  |                     |   | Street Address                 |                             |                       |  |  |  |
| City  | State               | Zip   | City                           | State                       | Zip                   |  |  |  |
|   | <b>1</b>            |   |                                | Check the box to i          | ndicate an attachment |  |  |  |
| 9. Resident Agent in Rhode Is                                 | sland. This informa | ition is currently of n   | ecord with the Department of S | tate. Changes require filir | ng Form 642.          |  |  |  |
| Under penalty of perjury, I o<br>statements, and that all sta |                     |   |                                | ng any accompanyin          | g schedules end       |  |  |  |
| Name of Authorized Person                                     |                     |   |                                |                             | Date                  |  |  |  |
| Tiande Ma   | 09/04/2             | 09/04/2020  |                                |                             |                       |  |  |  |
| Signature of Authorized Person                                | Do n                | SIGN (  | DOCUMENTHERE                   | ·                           |                       |  |  |  |

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