A	State of Rhode Islan	d State Business	Services Division
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Annual Report for the year: **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.

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1. Entity 1D Number	2. Exact nam	e of the Limited Liab	ility Company				
000148255 Taurus Equity Holdings, LLC							
NAICS Code 4. Brief description of the character of dusiness conducted in Rhode Island							
State of Formation real estate							
6. Principal Office Address	C+		City Newport	State R_T	Zip 840		
608 Thames	21.	d Norse of Title					
7. Mailing Address of Limite Contact Name	ed Liability Compar	-	Contact File President				
Street Address LODB Thames St.			City Newport	State RT	zip 02840		
8. List ALL managers (nar	nes and addresses	of the Limited Liabil	ity Company, IF,APPLICABL	E - DO NOT LIST !	MEMBERS		
Manager Nan			Manager Name				
Street Address			Street Address				
Crty ,		YO FU	City	State	Zìp		
Manager Narue			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
9 The Resident Agent inf	ormation currently	of record with the RI	Department of State is accur	ate. Changes requi	re filing Form 642		
Under penalty of perjury statements, and that all	v. I declare and aff	īrm that i have exar	nined this report, including	any accompanyii	ng schedules and		
Name of Authorized Pers	on ,	~10 nem		Date	0/9/20		
Signature of Authorized F	Jamin U Arson	n_					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov