

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.

1. Entity ID Number		2. Exact name of the Limited Liability Company				
001696595	WANG B S LLC					
3 NAICS Code	Brief description of the character of business conducted in Rhode Island					
<u>53110 </u>	To buy, sell and manage real estate and any other lawful purpose.					
5 State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zip	
39 Boulevard Avenue			Lincoln	R.I.	02865	
7. Mailing Address of Limited Lia	bility Compa	iny and Name or T				
Contact Name Fullang Wang			Contact Title Member	Contact Title Member		
Street Address 39 Boulevard Avenue			^{City} Lincoln	State R.I.	^{Zıp} 02865	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
				Check the box to in	idicate an attachment	
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						
Fuliang Wang /0/28/20					8/20	
Signature of Authorized Person	1. //2/		OGUMENT HERE			
Signature of Authorized Person Was Just an DOGUMENT HERE						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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