RI SOS Filing Number: 202103102230 Date: 10/12/2021 2:39:00 PM

Department of State - Business Services Division

R.I. DE

STATE

	800 2021 OCT 1 PH 2: 36		
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.			
Entity ID Number 2. Exact name of the Limited Lie			
1. Entity ID Number 2. Exact name of the Limited Liability Company			
00/6/110/ 1AING HOLDINGS - K.I. LhC			
NAICS Code 4. Brief description of the chara	cter of business conducted in Rhoo	de Island	
1 445310 1 Palas 1	NAN STOPE		
5. State of Formation 2			
nI 1	Ć.		
6. Principal Office Address	City /	State / -	Zip
746 Moadway	Pawket	191	04860 -
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name of Meak NA	Contact. Title Vice 1901	dent	
Street Address 744 MoAdway	Circhotocket	State	210 / 46b
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name AMU TOUCH	Manager Name WINGTIS Tains		
Street Address 1 Takefor ST.	Street Address / Machon St.		
North Chatkenorth State of At 210/86/	North Chatterway	State	210/Ad
Manager Name Meak NH	Manager Name		
Street Address Grace ST.	Street Address		
City bowell State of Zip Col 1	City	State	Zip
Check the box to indicate an attachment			
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Max MA		Date 10/18/21	
Signature of Authorized Person			

MAIL TO:

Division of Business Services

State of Rhode Island

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

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

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