

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:

2021 OCT

P4 2: 36

**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.

4.5.00.00.00	· · · · · · · · · · · · · · · · · · ·	
1. Entity ID Number 2. Exact name of the Limited Li	Entity ID Number 2. Exact name of the Limited Liability Company	
00/67/90/ TAING HOLDINGS - K.I. LhC		
NAICS Code     A. Brief description of the chara	cter of business conducted in Rhode Island	
1 445510   Pakul lu	nun Store	
5. State of Formation 2 Letail Liquor Store		
" RI 2		
6. Principal Office Address	Cyty / / State / Zip	
746 Moadway	Tawwest 19I 09860-	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person		
Contact Name of Reak NA	Contact. Title VICE LESI de M	
Street Address 744 MoAdway	circulated State I Zio / 866	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS		
Manager Name AMU TOUCH	Manager Name WINGTHE Taing	
Street Address 1 TAKETON ST.	Street Address / Macton St.	
North Authoroff State MA 210/86	North Obotheway State I 210/86	
Manager Name  Malak NA	Manager Name	
Street Address Grace ST.	Street Address	
City bowell State H Zip 51	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	Date 10/12/21	
Signature of Authorized Person		

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** 

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