



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2024

## Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED TAMP**  
**FEB 15 2024**  
 BY *[Signature]*  
 SECRETARY OF STATE

|                                                                                                                                                                                                             |  |                                                                                                                                |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>148427</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>SUENMAN HOLDINGS LLC</b>                                                  |                    |
| 3. NAICS Code<br><b>53</b>                                                                                                                                                                                  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>To act as a real estate holding company.</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |  |                                                                                                                                |                    |
| 6. Principal Office Address<br><b>150 Elmwood Avenue, Unit 2</b>                                                                                                                                            |  | City<br><b>Providence</b>                                                                                                      | State<br><b>RI</b> |
|                                                                                                                                                                                                             |  | Zip<br><b>02907</b>                                                                                                            |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                                                |                    |
| Contact Name<br><b>Ying chun Mok</b>                                                                                                                                                                        |  | Contact Title<br><b>Member</b>                                                                                                 |                    |
| Street Address<br><b>914 Lower Level Road</b>                                                                                                                                                               |  | City<br><b>Lincoln</b>                                                                                                         | State<br><b>RI</b> |
|                                                                                                                                                                                                             |  | Zip<br><b>02865</b>                                                                                                            |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |  |                                                                                                                                |                    |
| <i>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.</i> |  |                                                                                                                                |                    |
| Name of Authorized Person<br><b>Ying chun Mok</b>                                                                                                                                                           |  | Date<br><b>2/8/2024</b>                                                                                                        |                    |
| Signature of Authorized Person<br><i>[Signature]</i>                                                                                                                                                        |  |                                                                                                                                |                    |

## MAIL TO:

Division of Business Services

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