RI SOS Filing Number: 202450071090 Date: 4/3/2024 11:37:00 AM



## State of Rhode Island Department of State - Business Services Division

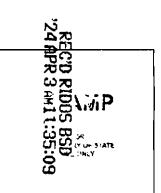
Annual Report for the year: 202

2021

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                           |                     |            |                      |
|---|--|---------------------|------------|----------------------|
| 000791727   | CHEANG'S REALTY, LLC   |                     |            |                      |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |                     |            |                      |
| 531110  | RENTAL, REAL ESTATE PURCHASE AND SALES                                   |                     |            |                      |
| 5. State of Formation   |  |                     |            |                      |
| RI  |  |                     |            |                      |
| 6. Principal Office Address   |  | City                | State      | Zip                  |
| 6 WELFARE AVENUE  |  | CRANSTON            | RI         | 02910                |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |                     |            |                      |
| Contact Name ELAINE C PROEUNG   |  | Contact Title OWNER |            |                      |
| Street Address 6 WELFARE AVENUE   |  | City CRANSTON       | State RI   | <sup>Zip</sup> 02910 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |                     |            |                      |
| 9. 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       |                      |
| ELAINE C PROEUNG  |  |                     | 04/02/2024 |                      |
| Signature of Authorized Person  Eleme C Pusing  |  |                     |            |                      |

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APR - 3 2024

BY TWOSD

MAIL TO:

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

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