



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025
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.



APR 16 2025

BY 1589

1. Entity ID Number 797640		2. Exact name of the Limited Liability Company Panda Enterprise LLC	
3. NAICS Code 531311		4. Brief description of the character of business conducted in Rhode Island Invest and Manage Real Estate	
5. State of Formation Rhode Island			
6. Principal Office Address 222 Mountain Street		City Sharon	State MA Zip 02067
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Yi Zheng		Contact Title Manager	
Street Address 798 Park Ave #201		City Cranton	State RI Zip 02910
8. 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 Xiu Yun Lu		Date 04/09/2025	
Signature of Authorized Person <i>Xiu Yun Lu</i>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



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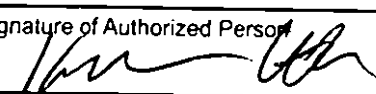
APR 16 2025

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BY 1010

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1. Entity ID Number 001771090		2. Exact name of the Limited Liability Company Scrappy's Garage, LLC		
3. NAICS Code 488410		4. Brief description of the character of business conducted in Rhode Island Transportation, trucking and towing		
5. State of Formation RI				
6. Principal Office Address 12 Industrial Drive		City Westerly	State RI	Zip 02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Kevin Culotta		Contact Title President		
Street Address 12 Industrial Drive		City Westerly	State RI	Zip 02891
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. <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 Kevin Culotta			Date 4/9/25	
Signature of Authorized Person 				

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