RI SOS Filing Number: 202577711640 Date: 8/18/2025 1:52:00 PM

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

2025

Annual Report for the year: 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.

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|---|---|--|--------------------|-------------------|--|
| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                              |  |                    |                   |  |
| 184056000   | Jiang Li, LLC   |  |                    |                   |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |  |                    |                   |  |
| 812310  | Laundromat, provide laundry services  |  |                    |                   |  |
| 5. State of Formation   | 1   |  |                    |                   |  |
| Rhode Island  |   |  |                    |                   |  |
| 6. Principal Office Address   |   | City   | State              | Zip               |  |
| 1025 Chalkstone   | Avenue  | providence   | RI                 | 02908             |  |
| 7. Mailing Address of Limited Lia                                   | bility Company and Name or  | r Title of Contact Person                            |                    |                   |  |
| Contact Name  |   | Contact Title  |                    |                   |  |
| Min Lin Li  |   | Owner  |                    |                   |  |
| Street Address  |   | City   | State              | Zip               |  |
| 1025 Chalkstone Avenue  |   | Providence   | RI_                | 02909             |  |
| 8. The Resident Agent information                                   | on currently of record with the   | e RI Department of State is accurate                 | e. Changes require | filing Form 642.  |  |
| 9. Under penalty of perjury, I d<br>statements, and that all statem |   | re examined this report, including true and correct. | g any accompanyl   | ing schedules and |  |
| Name of Authorized Person   |   | <del>,</del>   | Date               |                   |  |
| Min Lin Li  |   |  | 8/18               | 3/2025            |  |
| Signature of Authorized Person                                      |   | , <del>-                                    </del>   |                    | <u> </u>          |  |
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MAIL TO:

**Division of Business Services** 

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

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