



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>92834</b>		2. Exact name of the limited liability company <b>ZKP, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>OWNERSHIP OF REAL ESTATE</b>			
5. Principal office address <b>39 Coldbrook Drive</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Lisa Cooper c/o Residential Title</b>			Contact Title <b>Attorney</b>		
Street Address <b>51 Jefferson Boulevard</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Joanne J. Kornher</b>			Manager Name <b>Lillian F. Pari</b>		
Street Address <b>39 Coldbrook Drive</b>			Street Address <b>200 Hoffman Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>LISA KORNHER COOPER c/o Res/Title</b>			Address		
Address <b>51 JEFFERSON BOULEVARD</b>			City <b>WARWICK</b>	Zip <b>02888</b>	

RECEIVED  
 SEP 13 AM 8:29  
 CORPORATIONS DIV.

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

File Date **SEP 13 2007 8:29**  
 Check No. **By [Signature] 36679**  
 FOR SECRETARY OF STATE USE ONLY

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.

**X Joanne J. Kornher** 9/12/07  
 Signature of Authorized Person Date  
**Joanne J. Kornher**  
 Print or Type Name of Authorized Person