RI SOS Filing Number: 200700646340 Date: 09/07/2007 4:00 PM

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.	2. Exact name of the limited liability company
115232	ZOLTONI, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OTHER FINANCIAL SERVICES

5. Principal office address	City	State	Zip
358 LOWDEN ST	PAWTUCKET	RI	02860

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ANDREW JENCKS	MANAGER

Street Address	City	State	Zip
358 LOWDEN ST (P.O. BOX 16089 EAST PROV. RI 02916)	PAWTUCKET	RI	02860

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) ☐

Manager Name	Street Address	City	State	Zip
ANDREW JENCKS	80 WALNUT ST	SHERONK	MA	02771
STEPHEN JENCKS	24118 EAST GRAYSTONE LANE	WOOD WAY	WA	98020
NATHANIEL S. THAYER	61 BENEFIT ST	PROVIDENCE	RI	02903
ZOLTAN MANDEL	STR LUNCA MARE NR 20/A/1	4100 CSIKSZEREDA	HARGHITA	ROMANIA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CHET SUTPHEN	358 LOWDEN STREET	PAWTUCKET	02865-

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

[redacted] [redacted]

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.

8/25/07
Signature of Authorized Person *Date*

ANDREW JENCKS
Print or Type Name of Authorized Person

File Date	FILED
Check No.	SEP 07 2007
By:	By [redacted]

13609-17-181681
FOR SECRETARY OF STATE ONLY

Form 632 Rev. 07/07