State of Rhode Island and Providence Plantations Department of State - Business Services Division

Annual Report for the year: 2015
Limited Liability Company

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

2016 JUL 12 PM 1: 07

1. Entity ID Number	2 Exact name	of the Limited	Liability Company			
552158	Z. ZAGO, NGING	GRI	Liability Company			
3. State of Formation	4. Brief descrip	ption of the cha	racter of business conducted in Rh	ode Island	<u> </u>	
RI	Own Real Estate					
5. Principal Office Address			City	State	Zip	
624 Cranston St.			Providence	State	02907	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Euclides Grullon			Contact Title President	Contact Title President		
Street Address 101 Lexington Ave.			City Providence	State	Zip 02907	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. 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 Euclides Grullon Date 7/12/16					6	
Signature of Authorized Rerson SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED FORM 632 - Revised: 05/2016

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