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

Annual Report for the year: <u>2016</u>
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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
116012	**Z&M Associates, LLC**			

3. State of Formation	4. Brief description of the character of business conducted in Rhode Island			
Rhode Island	**Real Estate Management**			

5. Principal Office Address	City	State	Zip
38 Powell Avenue	**Newport**	**RI**	**02840**

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Dr. Arnold a. Sarazen**	Contact Title		
Street Address **38 Powell Avenue**	City **Newport**	State **RI**	Zip **02840**

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	Date
Arnold A. Sarazen	*8/18/16*
Signature of Authorized Person SIGN DOCUMENT HERE	

FILED

SEP 06 2016

39593

FORM 632 - Revised: 05/2016