

Annual Report for the year: ZONG 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.

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1. Entity ID Number	2 Exac	t name of the Lin	nited Liability Company		
50107	92 2		Titled Liability Company		<i>-</i>
3. NAICS Code	· · · · · · · · · · · · · · · · · · ·	description of the	character of business conducted in Rhode Island		
53131	1	describtion of the	e character of business condi	ucted in Rhode Island	
5. State of Formation					
FRANK WA	W I		a acali ko	N N	
6. Principal Office Addres	ss v	NER	WHATE	FREN	
125 MAIN ST			City State Zip		
7. Mailing Address of Limited Liability Company and Name Contact Name			this the	THURK T	U 02818
Contact Name	1 - 1	zany and Name	or Title of Contact Person Contact Title		
Street Address			OUT THE STEET		
145 MHIM 51.			CAN STORY	Spire	Zip C C
8. List ALL managers (na	mes and address	es) of the Limited	Liability Company, JF APPI	ICABLE - DO NOT LIES	21 20 COS 162
Manager Name			Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name		
Street Address			Street Address		
City	State				
	State	Zip	City	State	Zip
Manager Name			Manager Name	 -l	
Street Address					
City			Street Address		
	State	Zip	City	State	Zip
				Obs. In the	1
9. Resident Agent in Rhode	Island. This inform	nation is currently o	of record with the Department of	State Changes	indicate an attachment
statements, and that all si	l declare and affi tatements contain	irm that I have e	or record with the Department of examined this report, include true and correct.	ding any accompanyin	ng Form 642.
Name of Authorized Person		ileu lierein are	true and correct.		
HEER JONES				Date	
Signature uthorized Per	son			2.5	Pr. 7010
- Want		结合物。	COMENT HEFE		

MAIL TO:

Division of Business Services

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

Website: www.sos.ri.gov

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FORM 632 - Revised: 08/2016