

Annual Report for the year: _____ **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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Entity ID Number	2. Exact name of the Limited Liability Company					
123870	ZYX, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental and	Acquire, develop, own, lease and sell real estate					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zip	
141 James P. Murphy Highway			West Warwick	RI	02893	
7. Mailing Address of Limited Lia	bility Company	y and Name or Tit		•		
Contact Name Steven P. DeLuca		Contact Title Manager				
Street Address 56 Pine Street, Suite 700		City Providence	State RI	^{Zip} 02903		
8. List ALL managers (names ar		of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name Steven P. DeLuca		Manager Name				
Street Address 56 Pine Street, Suite 700		Street Address				
City Providence	State RI	Zip 02903	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	·	!		Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I deci statements, and that all statem				ig any accompanyin	g schedules and	
Name of Authorized Person			Date	Date		
Steven P. DeLuca				10-7-16		
Signature of Authorized Person		SIGN DO	OCUMENT HERE	-	•	
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEDC

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