



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

Annual Report for the year: **2017**
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 1654228 | | 2. Exact name of the Limited Liability Company ZELOU, LLC | |
| 3. NAICS Code 53120 | | 4. Brief description of the character of business conducted in Rhode Island Own and manage real estate | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 325 Metacom Avenue | | City Bristol | State RI Zip 02809 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Klaus Kutter | | Contact Title Member | |
| Street Address 325 Metacom Avenue | | City Bristol | State RI Zip 02809 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | |
| Manager Name NONE | | Manager Name NONE | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| Manager Name NONE | | Manager Name NONE | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | |
| <i>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.</i> | | | |
| Name of Authorized Person Klaus Kutter, Member | | Date 10/16/2017 | |
| Signature of Authorized Person | | 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

OCT 23 2017

BY 1665 KM