



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

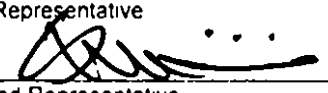
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED STATE
SECRETARY OF STATE
CORPORATIONS DIV.
2018 MAR -5 PM 12:42

1. Entity ID Number 1669202		2. Exact name of the Corporation ZEN Associates Inc.	
3. Principal Office Address 10 Micro Drive		City Woburn	State MA
		Zip 01801	
4. Business Phone Number 781-932-3700		5. State of Incorporation MA	
6. Brief description of the character of business conducted in Rhode Island Design and Construction landscape 541320			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Shinichiro Abe		Vice-President Name Peter White	
Street Address 7 Temple		Street Address 17 Englewood	
City Concord	State MA	City Winchester	State MA
Zip 01742		Zip 01890	
Secretary Name Shinichiro Abe		Treasurer Name Shinichiro Abe	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Shinichiro Abe		Director Name Peter White	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		933	CNP
			\$0
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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 Representative Shinichiro Abe			Date 2/28/2018
Signature of Authorized Representative 			
SIGN DOCUMENT HERE			

FILED

MAR 05 2018

BY **325908**

A.A-12:44pm.

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov