



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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SECRETARY'S CIV
CORPORATIONS DIV
2018 MAR -5 PM 12:41

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 ☐					
President Name Shinichiro Abe			Vice-President Name Peter White		
Street Address 7 Temple			Street Address 17 Englewood		
City Concord	State MA	Zip 01742	City Winchester	State MA	Zip 01890
Secretary Name Shinichiro Abe			Treasurer Name Shinichiro Abe		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Shinichiro Abe			Director Name Peter White		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
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. 12:42 A.M.

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 05/2016