RI SOS Filing Number: 201868462850 Date: 6/4/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2017

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

1. Entity ID Number

3. NAICS Code 53

5 State of Formation

72 Parker Street

6. Principal Office Address

RI

000114759

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

53 - Real Estate and Rental and Bagsittal, own, rent and lease real estate

_	•••	•••		
		Oil		
SECT	14	ថា ពេវ	8.71	٠

- Novem	iber 1			USE G'AY		
ee if form	is not filed by D	December 1.	_			
		ed Liability Company		· · · · · · · · · · · · · · · · · · ·		
Zachary E	Enterprises, LLG	C		:		
4 Brief de	scription of the o	character of business conducted in	n Rhode Island	· · · · · · · · · · · · · · · · · · ·		
Boy singi,	own, rent and I	ease real estate				
		City	State	Zip		
		Woonsocket	RI	02895		
ility Comp	any and Name o	r Title of Contact Person				
		Contact Title Member				
	<u> </u>	City Woonsocket	State RI	^{Zıp} 02895		
d addresse	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST I	MEMBERS		
		Manager Name				
		Street Address	·			
State	Zip	City	State	Zip		
	•	Manager Name	<u> </u>			
		Street Address				
State	Zip	City	State	Zip		
			Check the box to i	ndicate an attachment		
lThis infor	mation is currently	of record with the Department of State	e. Changes require filin	g Form 642.		
are and aft ents conta	firm that I have ined herein are	examined this report, including true and correct.	any accompanyin	g schedules and		
			Date 5	10		
-	\	<u> </u>		110		

Contact Name Kenneth Felicio Street Address 72 Parker Street			Contact Title Member				
			City Woonsocket	State RI	Zip 02895		
8 List ALL managers	(names and addresse	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
9. Resident Agent in F	Shode Island. This inform	nation is currently	of record with the Department of Stat	e. Changes require fili	ng Form 642.		
Under penalty of per statements, and that	jury, I declare and aft t all statements conta	irm that I have ined herein are	examined this report, including true and correct.	g any accompanyir	ng schedules and		
Name of Authorized P	erson			Date	1		
Kenneth Felicio				5 31	18		
Signature of Authorize	ed Person	Juby 90	N DOCUMENT HERE	· · · · · · · · · · · · · · · · · · ·			
	<u></u>	- }	/	<u> </u>			
				APPARA			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

JUN 04 2018