RI SOS Filing Number: 201868829860 Date: 6/7/2018 4:00:00 PM

| State of Rhode Island and Providence Plantations Department of State - Business Services Division | | | | | | |
|---|---------------------------------------|--|------------------------------|-----------------|---------|--|
| ropt | 1 | | | | | |
| Annual Report for the year: | | | | | | |
| -> Filing period: September 1 - November 1 | | | | | | |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. | | | | | | |
| 7 Foliates, Additional 925.55 too in John is not mad by 5555 model. | | | | | | |
| 1. Entity ID Number | 2. Exact name | 2. Exact name of the Limited Liability Company | | | | |
| 147020 | RK | RKZ Realty, UC | | | | |
| 3. NAICS Code | | Brief description of the character of business conducted in Rhode Island | | | | |
| 53/2/0 | NEA | NEM ESTATO ROWTHI | | | | |
| 5. State of Formation | | | | | | |
| 177 | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 747 font | in the | ·)e(| Cruston | R. | 1290 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name KIChard K Zahna | | | Contact Title Manager | | | |
| Street Address 24790 State Rd 29 | | | City Hall Stead | State | Zp/8822 | |
| 8. List ALL mangagapy (parpag) | nd addresses) (| of the Limited Liab | ility Company, IF APPLICABLE | - DO NOT LIST M | EMBERS | |
| Manager Name Kichard K Zahora | | | Manager Name | | | |
| 24790 State Rd 29 | | | Street Address | | | |
| city Hallstoad | State | zip/8822 | City | State | Zhp | |
| Manager Name | · · · · · · · · · · · · · · · · · · · | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Check the box to indicate 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 declare and affirm that I have examined this report, including any accompanying schedules and statements contained herein are true and correct. | | | | | | |
| Name of Authorized Person RICHARD ZAHURA Date 6/1/18 | | | | | | |
| Signature of Authorized Person SIGN DOCUMENT HERE | | | | | | |
| | | | | | | |
| | | | | | | |
| MAIL TO: | FILFN | | | | | |

Division of Business Services

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

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

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JUN 0 7 2018

BY_ 4987