



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

STAMP

Annual Report for the year: **2018**  
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 <b>612123</b>		2. Exact name of the Limited Liability Company <b>KIZZY REALTY LLC</b>	
3. NAICS Code <b>531110</b>		4. Brief description of the character of business conducted in Rhode Island <b>To acquire, own, develop, lease, sell and/or manage real estate and other real or personal property.</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>40 Hamilton Drive</b>		City <b>East Greenwich</b>	State <b>RI</b> Zip <b>02818</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Ramon Zorabedian</b>		Contact Title	
Street Address <b>40 Hamilton Drive</b>		City <b>East Greenwich</b>	State <b>RI</b> Zip <b>02818</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>Ramon Zorabedian</b>		Manager Name	
Street Address <b>40 Hamilton Drive</b>		Street Address	
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b> State <b>RI</b> Zip <b>02818</b>
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip
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.			
<b>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.</b>			
Name of Authorized Person <b>Ramon Zorabedian</b>		Date <b>9/10/18</b>	
Signature of Authorized Person <i>Ramon Zorabedian</i>		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

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SEP 11 2018

BY 215 PS

FORM 632 - Revised: 10/2017