

2019 MAY 10 PHR1=06

Annual Report for the year: 2016 **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	2. Exact name of the Limited Liability Company				
000784817	SCHOOL ZONE, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
454110	Sale of baseball hats on a web site				
5. State of Formation					
RI					
6. Principal Office Address			City	State	Zip
24 Brayton Street Apt 2			East Greenwich	RI	02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Justin Holmander			Contact Title Owner		
Street Address 24 Brayton Street Apt 2			City East Greenwich	State Rt	^{Zip} 02818
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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		
City	State	Zip	City	State	Žiρ
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, and that all statements contained herein are true and correct.					
Name of Authorized Person				Date	
Justin Holmander				3/11/19	
Signature of Authorized Person SIGN DOCUMENT HERE					
22 1 7					

MAIL TO:

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

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

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