



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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.

FILED

JUN 14 2019

BY 6/12/19 DS

|   |                    |   |                    |
|---|--------------------|---|--------------------|
| 1. Entity ID Number<br><b>000789153</b>   |                    | 2. Exact name of the Limited Liability Company<br><b>ZKM Management. LLC</b>                            |                    |
| 3. NAICS Code<br><b>531110</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Apartment Rentals</b> |                    |
| 5. State of Formation<br><b>RI</b>  |                    |   |                    |
| 6. Principal Office Address<br><b>35 Greenwich St</b>   |                    | City<br><b>Attleboro</b>  | State<br><b>MA</b> |
|   |                    | Zip<br><b>02703</b>   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                    |   |                    |
| Contact Name<br><b>Kevin Lamoureux</b>  |                    | Contact Title<br><b>Manager</b>   |                    |
| Street Address<br><b>PO Box 3456</b>  |                    | City<br><b>S. Attleboro</b>   | State<br><b>MA</b> |
|   |                    | Zip<br><b>02703</b>   |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                    |   |                    |
| Manager Name<br><b>Kevin Lamoureux</b>  |                    | Manager Name<br><b>Christine Lamoureux</b>  |                    |
| Street Address<br><b>35 Greenwich St</b>  |                    | Street Address<br><b>35 Greenwich St</b>  |                    |
| City<br><b>Attleboro</b>  | State<br><b>MA</b> | City<br><b>Attleboro</b>  | State<br><b>MA</b> |
| Zip<br><b>02703</b>   |                    | Zip<br><b>02703</b>   |                    |
| Manager Name  |                    | Manager Name  |                    |
| Street Address  |                    | Street Address  |                    |
| City  | State              | City  | State              |
| Zip   |                    | 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.   |                    |   |                    |
| <i>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.</i> |                    |   |                    |
| Name of Authorized Person<br><b>Kevin Lamoureux</b>   |                    | Date<br><b>6/1/19</b>   |                    |
| Signature of Authorized Person<br>  |                    | SIGN DOCUMENT HERE  |                    |

MAIL TO:

Division of Business Services  
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