



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 6012 OS

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

MAIL TO:  
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