	State of Rhode Island and Provi Office of the Secretary		ions Fee: \$50.00
	Division Of Business Se	ervices	
	148 W. River Stre		
	Providence RI 02904- (401) 222-3040		
HOPE	(401) 222-3040	·	
Limited Liability Con	npany		
Annual Report Filing Period: September 1	- November 1		
		<i>.</i>	
	. 7-16-66(d), each limited liability compar in thirty (30) days after the time prescribe		
16-66(b&c)) is subject to a			
ANNUAL REPORT YEAR	: <u>2019</u>		
1. ID No. <u>00166001</u>	7_		
2. Exact Name of the Li	mited Liability Company <u>DZ DESIG</u>	<u>GN, LLC</u>	
3. State of Formation			
State: <u>RI</u>			
Enter the eiv digit NAICS	ARTICLE III	usingge conducted l	by the entity. Develoed
0	ARTICLE III Code that best describes the primary bu re information on <u>NAICS</u> can be found on		by the entity. Download
the list of codes <u>here.</u> Mor <u>541430</u>	Code that best describes the primary bu	nline.	
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CHRISTOPHER J. FRAGOMENI, ESQUIRE 1080 MAIN STREET PAWTUCKET, RI 02860

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 18 Day of September, 2019 at 8:42:32 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KATHRYN FRAGOMENI

Signature of Authorized Person

Form No. 632 Revised 09/07

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