

Annual Report for the year: 2019
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.

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1. Entity ID Number 1675614	ı	2. Exact name of the Limited Liability Company ZZZ, LLC					
3. NAICS Code 531120		Brief description of the character of business conducted in Rhode Island To buy, sell, hold and manage real estate					
5. State of Formation Rhode Island							
6. Principal Office Address 55 Hospital Road			City East Providence	State RI	Zip 02915		
7. Mailing Address of Limite	ed Liability Compa	any and Name o					
Contact Name Ben Zhang			Contact Title Member				
Street Address 55 Hospital Road			City East Providence	State RI	^{Zip} 02915		
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICABLE	E - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address		Street Address	Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
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9. Resident Agent in Rhode	e Island. This inforr	mation is currently	of record with the Department of State.	Changes require fili	ng Form 642.		
Under penalty of perjury, statements, and that all s			examined this report, including a true and correct.	any accompanyir	ng schedules and		
Name of Authorized Person			Date	Date			
Ben Zhang			10/	10/20/19			
Signature of Authorized Pe	rson	zk:	NADORVENT 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