



State of Rhode Island
Department of State - Business Services Division

FILED
STAMP
SEP 17 2020
BY 001825
AD

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.

1. Entity ID Number <u>001659654</u>		2. Exact name of the Limited Liability Company <u>Studio/Gallery Z LLC</u>			
3. NAICS Code <u>453920</u>		4. Brief description of the character of business conducted in Rhode Island <u>Sale of Art Work</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>259 Atwells Ave</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Berge Zobian</u>		Contact Title			
Street Address <u>Same as above</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Name		Manager Name			
Street Address		Street Address			
City		City	State	Zip	
Manager Name		Manager Name			
Street Address		Street Address			
City		City	State	Zip	
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 ✓ <u>Berge Zobian</u>				Date ✓ <u>09.15.2020</u>	
Signature of Authorized Person ✓					

MAIL TO:
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