State of Rhode Island Fee: \$50.00			
State of Rhode Island Fee: \$50.00 Office of the Secretary of State			
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
(401) 222-3040			
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>000795354</u>			
2. Exact Name of the Limited Liability Company THE ZANDER COMPANY GLOBAL LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>531390</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
TO DE ACTIVELY ENGACED IN THE ACOMUNICATION DIVERTITUDE OWNEDGIND			
TO BE ACTIVELY ENGAGED IN THE ACQUISITION, DIVESTITURE, OWNERSHIP, DEVELOPMENT, BROKERAGE, MARKETING, RENTAL, LEASING, MANAGEMENT,			
ADVISORY,			
OR CONSULTING OF ASSETS INCLUDING, BUT NOT LIMITED TO REAL ESTATE AND BUSINESSES. TO CARRY OR CONDUCT A BUSINESS OR ANY OTHER LAWFUL FOR			
PROFIT			
ACTIVITY DIRECTLY OR INDIRECTLY RELATED TO OR INCIDENTAL TO THEREOF.			
5. Principal Office Address			
No. and Street: <u>21 FATHER DEVALLE BLVD</u> SUITE 212			
City or Town: FALL RIVER State: MA Zip: 02723 Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>ALEXANDER CARRIGG</u> Contact Title: <u>PRESIDENT</u> No. and Street: <u>21 FATHER DEVALLE BLVD</u>			
SUITE 212 City or Town: FALL RIVER State: MA Zip: 02723 Country: USA			

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			
 Signed this 1 Day of November, 2020 at 12:44:25 PM 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 <u>ALEXANDER R. CARRIGG</u> Signature of Authorized Person 			
Form No. 632 Revised 09/07			
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