



State of Rhode Island

Department of State - Business Services Division

FILED

NOV 02 2020

BY

Annual Report for the year: 2020

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 00016012		2. Exact name of the Limited Liability Company Z + M Associates			
3. NAICS Code 531311		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Formation RI					
6. Principal Office Address 38 Powell Ave			City Newport	State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Arnold A. Sarazen			Contact Title		
Street Address 38 Powell Ave			City Newport	State RI	Zip 02840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
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 Arnold A. Sarazen				Date 10/30/20	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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