

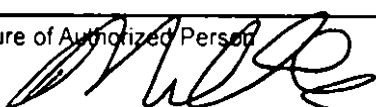


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUSINESS SERVICES DIVISION  
**STAMP**  
 2020 NOV 10 A 10:58  
SECRETARY OF STATE  
 LSE ONLY

**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 <b>1670710</b>		2. Exact name of the Limited Liability Company <b>Z&amp;B ENTERPRISES, LLC</b>			
3. NAICS Code <b>722515</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE AND MANAGE ICE CREAM RETAIL BUSINESS</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>55 FISH'S LANE</b>		City <b>WARWICK</b>		State <b>RI</b>	Zip <b>02886</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>MICHAEL O'NEILL</b>			Contact Title <b>MANAGER</b>		
Street Address <b>55 FISH'S LANE</b>		City <b>WARWICK</b>		State <b>RI</b>	Zip <b>02886</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>MICHAEL O'NEILL</b>			Manager Name		
Street Address <b>55 FISH'S LANE</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <b>MICHAEL O'NEILL</b>				Date <b>11/3/2020</b>	
Signature of Authorized Person 				SIGN DOCUMENT 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

**FILED****NOV 10 2020**BY 1031