



State of Rhode Island

Department of State - Business Services Division

FILED STAMP

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.

APR 14 2021

BY

765 DS

1. Entity ID Number <u>000790557</u>		2. Exact name of the Limited Liability Company <u>KidZone LLC</u>			
3. NAICS Code <u>713120</u>		4. Brief description of the character of business conducted in Rhode Island <u>children entertainment / Party / class venue</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>Permanently closed due to Covid-19</u>		City		State	Zip
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Heather Wall</u>			Contact Title <u>owner</u>		
Street Address <u>230 Allegra lane</u>			City <u>North Easton</u>	State <u>RI</u>	Zip <u>02852</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Same as Above</u>			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 <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>Heather Wall</u>				Date <u>4/10/21</u>	
Signature of Authorized Person <u>[Signature]</u>					

MAIL TO:

Division of Business Services

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