



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
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. BY 1712

FILED

AUG 27

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 AUG 27

AM 10:25

1. Entity ID Number <u>00517403</u>		2. Exact name of the Limited Liability Company <u>MAZARD LLC</u>	
3. NAICS Code <u>531210</u>		4. Brief description of the character of business conducted in Rhode Island <u>Rental and sale of Own Real State.</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>177 Arnold Ave</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02905</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Jorge Heyrime</u>		Contact Title	
Street Address <u>177 Arnold Ave</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02905</u>	
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 <u>Jorge Heyrime</u>		Date <u>8/25/21</u>	
Signature of Authorized Person <u>[Signature]</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov