



State of Rhode Island and Providence Plantations

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.

FILED

SEP 07 2021

BY

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1. Entity ID Number <u>92834</u>		2. Exact name of the Limited Liability Company <u>ZKP-LLC</u>			
3. NAICS Code <u>53120</u>		4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u>			
5. State of Formation <u>R.I.</u>					
6. Principal Office Address <u>600 COLE FARM RD, #A-46</u>			City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02889</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>JOANNE KORNIHER</u>			Contact Title <u>MEMBER</u>		
Street Address <u>600 COLE FARM RD, #A-46</u>			City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02889</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Lillian Pardi</u>			Manager Name		
Street Address <u>2001 Hoffman Ave Apt 301</u>			Street Address		
City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02920</u>	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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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>JOANNE KORNIHER</u>				Date <u>9/3/21</u>	
Signature of Authorized Person <u>Joanne Kornher</u>					

MAIL TO:

Division of Business Services

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