



State of Rhode Island  
**Department of State - Business Services Division**

STAMP

Annual Report for the year: 2021  
**Limited Liability Company**

NOV 02 2021  
 40025

- 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>1699828</b>		2. Exact name of the Limited Liability Company <b>V &amp; Z, LLC</b>			
3. NAICS Code 722513		4. Brief description of the character of business conducted in Rhode Island To own and manage a seasonal Ice Cream Cafe.			
5. State of Formation RI					
6. Principal Office Address 8 Fair Street, Units 3-4		City Newport	State RI	Zip 02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name J. Russell Jackson			Contact Title Registered Agent		
Street Address 122 Touro Street		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 <b>ZOJE HODA</b>		Manager Name			
Street Address <b>143 Wolcott Hill Rd</b>		Street Address			
City <b>Wethersfield</b>	State <b>CT</b>	Zip <b>06109</b>	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.					
<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>ZOJE HODA</b>				Date <b>10.25.2021</b>	
Signature of Authorized Person <i>Zoje Hoda</i>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov