State of Rhode IslandFee: \$50.00Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040
Limited Liability Company
Annual Report
Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or
refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR: 2023
1. ID No. <u>001661855</u>
2. Exact Name of the Limited Liability Company <u>Z-Wovens LLC</u>
3. State of Formation
State: <u>NC</u>
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>313310</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
UPHOLSTERY FABRIC MANUFACTURE
5. Principal Office Address
No. and Street: <u>312 SOUTH HAMILTON ST</u>
SUITE 101 NGU DODNT
City or Town: <u>HIGH POINT</u> State: <u>NC</u> Zip: <u>27260</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: THOMAS A. FINNERAN Contact Title: GENERAL MANAGER
No. and Street: <u>312 SOUTH HAMILTON ST</u>
SUITE 101
City or Town: <u>HIGH POINT</u> State: <u>NC</u> Zip: <u>27260</u> Country: <u>USA</u>

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 20 Day of March, 2023 at 10:35:54 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By JENNIFER WU

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved