

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

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

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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2023 NOV 15 A 11: 57

| Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
|---|---|----------------|------------|----------------------|
| 001683942 | ARZ Stables LLC | | | |
| 001003942 | 71172 Oldbiod EEO | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 711211 | SPORTS ACTIVITIES | | | |
| | SPORTS ACTIVITIES | | | |
| 5. State of Formation | | | | |
| RI | | | | |
| 6. Principal Office Address | | City | State | Zip |
| · · · · · · · · · · · · · · · · · · · | | 1 ' | 1 | l ' |
| 57 BURGESS AVE | | PAWTUCKET | RI | 02861 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name Contact Title | | | | |
| Nazim | Mohammed | | | |
| Street Address 57 BURGESS AVE | | City PAWTUCKET | State | ^{Zip} 02861 |
| 57 BURGESS AVE | | PAWIUCKEI | RI | 02801 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642 | | | | |
| 9. 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 | | | Date | |
| NAZIM MOHAMMED | | | 08/28/2023 | |
| Signature of Authorized Person | | | | |
| No S MA D | | | | |
| | **** | | | |

FILED

MAIL TO:

Division of Business Services

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

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