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

Annual Report for the year: Limited Liability Company

2024

FEB 0 7 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001698030	DE Zeilstra LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
236118	Residental, talksoom, Ketchen Talketionis			
5. State of Formation				
RI				•
6. Principal Office Address	<u> </u>	City	State	Zip
52 Telca	tt st	Barrey You	RI	02806
7. Mailing Address of Limited Lia	bility Company and Name or Tit	e of Contact Person	·	
Contact Name  JEAN C. Leilstra  Contact Title  Sale Member				
Street Address 52 Talcatt 5t		Bassenz for	State	Zip 02806
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  Teau C	Leilstre		Sile man her.	
Signature of Authorized Person	c Zulstr-			

MAIL TO:

**Division of Business Services** 

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

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