	State of Rhode Island	Fee: \$50.00
	Office of the Secretary of State	
	Division Of Business Services 148 W. River Street	
	Providence RI 02904-2615	
1636	(401) 222-3040	
Limited Liability	Company	
Filing Period: Febru	iary 1 - May 1	
	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 - ENTER THE CURRENT YEAR 2024: 2024		
1. ID No. <u>001712474</u>		
2. Exact Name of the Limited Liability Company Stephen Zito, LLC		
3. State of Format	tion	
State: <u>RI</u>		
NAICS CODE		
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>541219</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
BOOKKEEPING	<u>SERVICES</u>	
5. Principal Office	Address	
No. and Street:	269 SUMMIT DRIVE	
City or Town:		untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: C		
No. and Street: City or Town:	269 SUMMIT DRIVE CRANSTON State: <u>RI</u> Zip: 02920 Col	untry: <u>USA</u>
	NT IN RHODE ISLAND - DO NOT ALTER	
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
STEPHEN ZITO 269 SUMMIT DRIVE CRANSTON , RI 02920		

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

Signed this 10 Day of April, 2024 at 11:06:42 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 <u>STEPHEN ZITO</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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