


REC'D RIBS BSD  
24 OCT 17 PM 3:51:10State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2021  
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.

|   |  |   |                    |
|---|--|---|--------------------|
| 1. Entity ID Number<br><u>001682762</u>   |  | 2. Exact name of the Limited Liability Company<br><u>KZMS LLC</u>   |                    |
| 3. NAICS Code<br><u>541521</u>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>IT Consulting firm.</u> |                    |
| 5. State of Formation<br><u>LLC</u>   |  |   |                    |
| 6. Principal Office Address<br><u>70 Oxford St</u>  |  | City<br><u>Malvern</u>  | State<br><u>PA</u> |
|   |  | Zip<br><u>19335</u>   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                    |
| Contact Name<br><u>David Kim</u>  |  | Contact Title<br><u>President</u>   |                    |
| Street Address<br><u>121 Nichols Mill Rd</u>  |  | City<br><u>Downingtown</u>  | State<br><u>PA</u> |
|   |  | Zip<br><u>19335</u>   |                    |
| 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<br><u>David Kim</u>   |  | Date<br><u>10/16/24</u>   |                    |
| Signature of Authorized Person<br>  |  |   |                    |

FILED

OCT 17 2024  
BY DK405  
AA. 3:52pm.

MAIL TO:  
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