



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, Secretary of State



December 23, 2024

ZEN LOGISTICS LLC
c/o FAIZA ADNAN
2 DAVID ST.
GREENVILLE, RI 02828

RE: Entity ID # 001781821
ZEN LOGISTICS LLC

Dear Sir or Madam:

The Division of Business Services of the Office of the Secretary of State has determined that there has been a misrepresentation made in the Articles of Organization for the above-named entity that were filed in this office on November 18, 2024. This office has received the enclosed affidavit reporting the unauthorized formation of this entity with our office.

Pursuant to the provisions set forth in Section 7-16 of the General Laws of the State of Rhode Island, the Certificate of Organization of the above-named entity will be revoked after 60 days from the date of this notice for failure to file a Certificate of Correction to the Articles of Organization.

Please file your Certificate of Correction (Form 403) with the Division of Business Services, 148 West River St. Providence, RI 02904 within the next sixty days so that your authority to conduct business will remain intact. If you have any questions, or if we can be of any assistance, please do not hesitate to call the Division of Business Services at (401) 222-3040.

Sincerely,

Gregg M. Amore
Secretary of State



State of Rhode Island
Department of State - Business Services Division

Affidavit of Unauthorized Formation

→ No Filing Fee

This affidavit is to be used to report the unauthorized formation of an entity with the RI Department of State Business Services Division.

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I. COMPLAINANT'S INFORMATION									
1. Name - First Faiza		Middle Initial (optional)	Last Adnan						
2. Street Address 2 David St.		City/Town Greenville	State RI						
			Zip Code 02828						
II. STATEMENT									
3. I know or suspect that someone used my identity to file formation documents to establish a: <table border="0"><tr><td><input type="checkbox"/> - Business Corporation RIGL 7-1.2</td><td><input checked="" type="checkbox"/> - Limited Liability Company RIGL 7-16</td></tr><tr><td><input type="checkbox"/> - Non-Profit Corporation RIGL 7-6</td><td><input type="checkbox"/> - Limited Partnership RIGL 7-13.1</td></tr><tr><td><input type="checkbox"/> - Limited Liability Partnership RIGL 7-12.1</td><td></td></tr></table>				<input type="checkbox"/> - Business Corporation RIGL 7-1.2	<input checked="" type="checkbox"/> - Limited Liability Company RIGL 7-16	<input type="checkbox"/> - Non-Profit Corporation RIGL 7-6	<input type="checkbox"/> - Limited Partnership RIGL 7-13.1	<input type="checkbox"/> - Limited Liability Partnership RIGL 7-12.1	
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<input type="checkbox"/> - Non-Profit Corporation RIGL 7-6	<input type="checkbox"/> - Limited Partnership RIGL 7-13.1								
<input type="checkbox"/> - Limited Liability Partnership RIGL 7-12.1									
Entity ID Number: 001 781 821		The name of the entity is: Zen logistics LLC							
4. I did not submit the formation documents for this entity, nor did I give permission for this entity to be filed with the RI Department of State Business Services Division.									
5. I have taken the following steps to report this unauthorized activity: <table border="0"><tr><td><input type="checkbox"/> I have reported the unauthorized formation to the US Federal Trade Commission.</td></tr><tr><td><input checked="" type="checkbox"/> I have filed a police report with the <u>Smithfield</u> police department. The police report number is <u>24-1759 - OF</u></td></tr><tr><td><input type="checkbox"/> Other: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></td></tr></table>				<input type="checkbox"/> I have reported the unauthorized formation to the US Federal Trade Commission.	<input checked="" type="checkbox"/> I have filed a police report with the <u>Smithfield</u> police department. The police report number is <u>24-1759 - OF</u>	<input type="checkbox"/> Other: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov



State of Rhode Island
Department of State - Business Services Division

III. CERTIFICATION		
I, <u>Faiza Adnan</u> , (complainant's name) declare and affirm that I have examined this Affidavit of Unauthorized Formation and all statements contained herein are true and correct.		
Type or Print Name of Complainant	<u>Faiza Adnan</u>	Date <u>12/23/24</u>
Signature of Complainant	SIGN DOCUMENT HERE <u>Faiza Adnan</u>	
Notary		
State: <u>RI</u>	County: <u>Providence</u>	
Subscribed and sworn to (or affirmed) before me on this <u>23</u> day of <u>December</u> , 20 <u>24</u> by <u>FAIZA ADNAN</u> (name of complainant), who proved to me through satisfactory evidence of identification to be the person who appeared before me.		
Type or Print Name of Notary Public	<u>Audrey Albert</u>	Commission ID # <u>759872</u>
		Commission Expiration <u>11/25/28</u>
Signature of Notary Public	SIGN DOCUMENT HERE <u>Audrey Albert</u>	

