		of Rhode Island ne Secretary of State	Fee: \$50.00
	Division	Of Business Services	
	148	W. River Street	
		nce RI 02904-2615	
7636	(4	01) 222-3040	
Limited Liability Annual Report Filing Period: Febr			
In accordance with 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 2025: 2025			
1. ID No. <u>001670914</u>			
2. Exact Name of the Limited Liability Company <u>ZLG LLC</u>			
3. State of Formation			
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.			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
CONSULTING SERVICES FOR MEDICAL, LEGAL AND SCIENTIFIC PURPOSES			
5. Principal Offic	e Address		
No. and Street:	121 NAYATT RD		
City or Town:	BARRINGTON	State: <u>RI</u> Zip: <u>02806</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: 0			
No. and Street:	121 NAYATT ROAD	0.0	
City or Town:	<u>593 EDDY STREET - AP</u> BARRINGTON		06 Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			

DR. ZIYA L. GOKASIAN RI HOSPITAL, DEPT OF NEUROSURGERY 593 EDDY STREET, APC 6 PROVIDENCE, RI 02903

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

Signed this 8 Day of March, 2025 at 2:09:17 PM 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>ZIYA GOKASLAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2025 State of Rhode Island All Rights Reserved