RI SOS Filing Number: 202572191410 Date: 4/30/2025 4:00:00 PM

|   | REC'D<br>'25 APR  |
|---|---|
| State of Rhode Island  Department of State - Business Services Division   | 30 RID 05 PM 1 ASM 1 AS |
| Annual Report for the year:   | 13:55<br>(13:55)  |
| <ul> <li>→ Filing period: February 1 - May 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by May 31.</li> </ul> | <i>y</i>  |

| Entity ID Number  | 2. Exact name of the Limited Liability Company |                                   |                  |  |
|---|--|-----------------------------------|------------------|--|
| (001777226  | MZ Proper                                      | ties LLC                          |                  |  |
| 3. NAICS Code   | 4. Brief description of the chara              | cter of business conducted in Rho | de Island        |  |
| 531120  |  |                                   |                  |  |
| 5. State of Formation   |  | •                                 |                  |  |
| PI  | Commercial                                     | Rental Rui                        | State Zip        |  |
| 6. Principal Office Address   |  | City                              | State            |  |
| 21 Harrage  | anget Ane                                      | James Town                        | RI 02835         |  |
| 7. Mailing Address of Limited Via   | bility Company and Name or Title               | of Contact Person                 |                  |  |
| Contact Name  |  | Contact Title                     | -                |  |
| Valin 2   | any  | owner                             |                  |  |
| Street Address  |  | Post smouth                       | State Zip OD 87/ |  |
| 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   | Julin Zhang                                    |                                   | Date . 4/30/2025 |  |
| Signature of Authorized Person/   |  |                                   | 1 1 "            |  |
| 1   |  |                                   |                  |  |
|   | <b>-</b>                                       |                                   |                  |  |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

