RI SOS Filing Number: 202576457530 Date: 6/30/2025 6:55:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report

Filing Period: February 1 - May 1

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**: <u>2025</u>

- **1. ID No.** 001782698
- 2. Exact Name of the Limited Liability Company Zen Zone LLC
- 3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

812990

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ZEN ZONE LLC, LOCATED IN WESTERLY, RHODE ISLAND, OPERATES AS A WELLNESS AND

CREATIVE ENRICHMENT CENTER. WE PRIMARILY PROVIDE INSTRUCTIONAL WORKSHOPS

AND UNIQUE EXPERIENCES DESIGNED TO PROMOTE MENTAL WELL-BEING, PERSONAL

GROWTH, AND RELAXATION.

OUR CORE OFFERINGS INCLUDE:

NEUROGRAPHIC ART WORKSHOPS: GUIDING PARTICIPANTS THROUGH A MEDITATIVE

<u>DRAWING TECHNIQUE FOR STRESS REDUCTION, EMOTIONAL PROCESSING, AND CULTIVATING POSITIVE MINDSETS (E.G., FOR ABUNDANCE).</u>

SOUND BATHS: FACILITATING DEEP RELAXATION AND REJUVENATION THROUGH IMMERSIVE SOUND EXPERIENCES.

OTHER RELATED WELLNESS ACTIVITIES AIMED AT PERSONAL TRANSFORMATION AND INNER HARMONY.

WE FOCUS ON CREATING AN INTIMATE AND SUPPORTIVE ENVIRONMENT FOR INDIVIDUALS

TO EXPLORE SELF-EXPRESSION AND ACHIEVE A SENSE OF CALM AND BALANCE.

5. Principal Office Address

No. and Street: 58 HIGH ST

STUDIO C

City or Town: WESTERLY State: RI Zip: 02891 Country: US

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MONIKA MARKETOS Contact Title: CHIEF PRACTITIONER

No. and Street: 13 POND ST

2ND FLOOR

City or Town: WESTERLY State: RI Zip: 02891 Country: US

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

AARON MARKETOS 58 HIGH ST STUDIO C WESTERLY, RI 02891

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

Signed this 30 Day of June, 2025 at 6:57:16 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 MONIKA MARKETOS

Signature of Authorized Person

Form No. 632 Revised 09/07