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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

→ Filing period: February 1 - May 1

--> Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
0017 02371	ZEN DEN - NEWBET LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island THERREUNG WELL 1: SENT (US IN PARKET) CRANIOSALEM THERREY,				
R12199	1:1 services in powerful treating controllers,				
5. State of Formation	YORA, RED LIGHT MERROY, AND OTHER HOUST'C				
Chade Island	services.				
6. Principal Office Address	• • • • • • • • • • • • • • • • • • •	City	State	Zip	
42 SPRING STA	LEET, SUITE 84	NEWPORT	147	62640	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Contact Title					
JULIA M.	COLLINS	OWNER			
Street Address 20 BORDEN LANT		CITY TIVERTON	State	02878	
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			Date	2 /2 2 ~	
Julia M. Collins		8/19/2025			
Signature of Authorized Person					
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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