

## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001702371	ZEN DEN - NEWBRT LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island TOPACH			
R12199	4. Brief description of the character of business conducted in Rhode Island THERREUNG WELLS I'L SERVICES I'M PARKETT THERREY, CRANIOSALER THERREY			
5. State of Formation	YORA, RED LIGHT MERADY, AND OTHER HOUST'C			
Rhode Island	services.			
6. Principal Office Address		City	State	Zip
42 SPRING STREET, SUITE 84		NEWPORT	KI	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		TIVERTON	State	02878
				filing Form 642
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	
Julia M. Collins			8/19/2025	
Signature of Authorized Person				

FILED AUG 1 9 2025

MAIL TO:

**Division of Business Services** 

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