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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.

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Entity ID Number	2. Exact name of the Limited Lia	bility Company	· · · · · · · · · · · · · · · · · · ·	- · · · · - · ·	
1748563:	Zen Dreamers II.C				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531120	531120				
5. State of Formation					
"RT	Real Estate	12 notrant			
6. Principal Office Address		City	State	Zip	
59 Kennedy	ed .	tyster	Br	018,5	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Melissa Vidal					
Street Address	.0.1	City	State	Zip	
59 Kenned u	Kd	Foster	185	1028 25	
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	Date	
Melissa Vidal			11/22	11/22/23	
Signature of Authorized Person					
/ VNVal					

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MAIL TO:

Division of Business Services

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

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