



LIMITED LIABILITY COMPANY ANNUAL REPORT

1/6/2022

NAME OF LIMITED LIABILITY COMPANY: US-Kaizen LLC

SECRETARY OF STATE ID NUMBER: 1614989 STATE OF FORMATION: NC

REPORT FOR THE CALENDAR YEAR: 2020

Filing Office Use Only
E - Filed Annual Report
1614989
CA202302201077
1/22/2023 06:15

☐ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Ameriserv LLC

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY 4. REGISTERED AGENT OFFICE MAILING ADDRESS

1307 Fifth Avenue

7700 Six Forks Road

Garner, NC 27529 Wake County

Raleigh, NC 27615

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: REAL ESTATE AGENCY

2. PRINCIPAL OFFICE PHONE NUMBER: (919) 589-1900

3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS

5. PRINCIPAL OFFICE MAILING ADDRESS

7700 Six Forks Road

7700 Six Forks Road

Raleigh, NC 27615

Raleigh, NC 27615

6. Select one of the following if applicable. (Optional see instructions)

☐

The company is a veteran-owned small business

☐

The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: Wilson Olivera

NAME: Perla Yamin Hernandez

NAME: _____

TITLE: Member

TITLE: President

TITLE: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

7700 Six Forks Road

7700 Six Forks Road

Raleigh, NC 27615

Raleigh, NC 27615

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Wilson Olivera

1/22/2023

SIGNATURE

DATE

Form must be signed by a Company Official listed under Section C of This form.

Wilson Olivera

Member

Print or Type Name of Company Official

Print or Type Title of Company Official

This Annual Report has been filed electronically.

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525