



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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.

1. ID No. 512732		2. Exact name of the limited liability company Sorellas, LLC	
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island deli/restaurant	
5. Principal office address c/o Calenda & Iacoi, Ltd., 171 Broadway		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Laura DeVincent		Contact Title	
Street Address 766 Oakhill Avenue		City Attleboro	State MA
		Zip 02703	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

FILED
NOV 03 2014
By 235795
A.A.

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

2014 OCT 30 PM 1:48
2014 NOV -3 PM 1:34
SECRETARY OF STATE
CORPORATIONS DIV
RECEIVED

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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

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