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|  HOPE | State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 | Fee: \$50.00 |
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**Limited Liability Company
Annual Report 2015**

Filing Period: September 1 - November 1

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.

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| ANNUAL REPORT YEAR: 2015 | |
| 1. ID No. <u>000088146</u> | |
| 2. Exact Name of the Limited Liability Company <u>SOBRO, LLC</u> | |
| 3. State of Formation State: <u>RI</u> | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <div style="text-align: center;">FILED SEP 21 2015</div> <u>REAL ESTATE</u> BY <u>1167</u> | |
| 5. Principal Office Address No. and Street: <u>77 DR. MARCUS WHEATLAND BLVD.</u> City or Town: <u>NEWPORT</u> State: <u>RI</u> Zip: <u>02840</u> Country: <u>USA</u> | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>Susan LaMond</u> Contact Title: <u>Owner</u> No. and Street: <u>77 DR. MARCUS WHEATLAND BLVD.</u> City or Town: <u>NEWPORT</u> State: <u>RI</u> Zip: <u>02842</u> Country: <u>USA</u> | |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | |
| Name | Address <small>Address, City or Town, State, Zip Code, Country</small> |

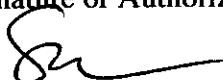
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11CHARLES P. LAMOND 2 PORTER ROAD MIDDLETOWN , RI 02842**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).****Filer's Contact Information***(Enter a contact name, mailing address and email.)*Contact Name: Susan LaMondBusiness Name: SoBro LLCNo. and Street: 77 Dr. Marcus Wheatland Blvd.City or Town: NewportState: RIZip: 02840Country: USAContact Phone: (646) 391-4935 ext:Contact Email: stlamond@gmail.com

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 17 Day of September, 2015 at 9:56:06 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By Susan LaMond

Signature of Authorized Person



Make Corrections

Accept

Form No. 632
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