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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the y		217			PEB -2	
→ Filing period: September	_	1			TCN:	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.					호 등 ()	
					- PAT	
1. Entity ID Number	2. Exact name	of the Limited Lia	ability Company	-		
1000972411	Sorrento, LLC					
3. NAICS Code	' '					
53/12-0	Real	Estat	e buying and	1 sellin	21	
5. State of Formation	`			_	J	
6. Principal Office Address 35 SOTTEM	40 S	treet	Providence	State	^{zip} 02909	
7. Mailing Address of Limited Li	ability Company	and Name or Title	of Contact Person			
Contact Name Euglin T. Reges-OTtiz			Contact Title Managing Member			
Street Address Sorrento Street			City Prondence	State	zip 02909	
	ind addresses) o	f the Limited Liab	ility Company, IF APPLICABLE - D	OO NOT LIST ME	MBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			Che	eck the box to ind	licate an attachment	
······································			ord with the Department of State. Cha			
Under penalty of perjury, I de statements, and that all state.			nined this report, including any and correct.	accompanying .	schedules and	
Name of Authorized Person Date						
Lucenio 1. Kelles-Urtiz					09/18	
Signature of Authorized Person	_	\mathcal{O}		- 1	, <u>-</u>	
L Cugerio 1	Ruys					
	0					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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BY \$\langle (32329)

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