



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STATE

Annual Report for the year: **2018**

Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000950844		2. Exact name of the Limited Liability Company SABELLA VOCATIONAL SERVICES, LLC			
3. NAICS Code 624310		4. Brief description of the character of business conducted in Rhode Island VOCATIONAL REHABILITATION SERVICES			
5. State of Formation RI					
6. Principal Office Address 34 MARCY STREET			City CRANSTON	State RI	Zip 02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ALBERT J. SABELLA			Contact Title OWNER		
Street Address 34 MARCY STREET			City PROVIDENCE	State RI	Zip 02905
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person ALBERT J. SABELLA				Date 8/30/18	
Signature of Authorized Person 				NON DOCUMENT HERE	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

SEP 07 2018

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