



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

**FILED**

NOV 02 2018

BY 2745  
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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 <b>512732</b>		2. Exact name of the Limited Liability Company <b>Sorellas, LLC</b>			
3. NAICS Code 722513		4. Brief description of the character of business conducted in Rhode Island Restaurant/Deli			
5. State of Formation Rhode Island					
6. Principal Office Address c/o Calenda & Iacoi, LTD., 171 Broadway		City Providence		State RI	Zip 02910
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Laura DeVincent			Contact Title Member		
Street Address 766 Oakhill Avenue		City Attleboro		State MA	Zip 02703
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.					
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.					
Name of Authorized Person Laura DeVincent				Date 10/30/2018	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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