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

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	2. Exact name of the Limited Liability Company
1661670	**LORELEI, LLC**
3. NAICS Code **531110**	4. Brief description of the character of business conducted in Rhode Island **REAL ESTATE**
5. State of Formation **RI**	

6. Principal Office Address	City	State	Zip
~~11 HALES POND LANE~~ 14 Dutchess Road	~~WRENTHAM~~ Franklin	MA	~~02093~~ 02038

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Martina A.R. Frangis	Manager		
Street Address	**City**	**State**	**Zip**
14 Dutchess Rd.	Franklin	MA	02038

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name	Manager Name		
Martina A.R. Frangis			
Street Address	**Street Address**		
14 Dutchess Rd.			
City / State / Zip	**City**	**State**	**Zip**
Franklin MA 02038			
Manager Name	**Manager Name**		
Street Address	**Street Address**		
City / State / Zip	**City**	**State**	**Zip**

Check the box to indicate an attachment ☐

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	Date
Martina A.R. Frangis, Manager	11/30/18
Signature of Authorized Person	
Martina A.R. Frangis	SIGN 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
JAN 07 2019
BY 37032

FORM 632 - Revised: 10/2017