## State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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Annual Report for the year: 20**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.

<del></del>					
1. Entity ID Number	2. Exact name of the Limited Liability Company				
1659468	Sorroza smorties 110				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110	Real Estate				
5. State of Formation 2.					
33HHO					
6. Principal Office Address			City	State	Zıp
63 Harris Ave			Cranston	30	393 <sub>2</sub>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name School School			Contact Title		
65 Hargis Hul			city Cranston	State	Zip 2925
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Namer C			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					
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					/ / -
Sapara Dornami					[][]9
Signature of Authorized Person					
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MAN TO:				) = i	

Division of Business Services

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

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