



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

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Annual Report for the year: 2019
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 789954		2. Exact name of the Limited Liability Company R.I. STINGRAYS SOLLEE Camps LLC			
3. NAICS Code 611620		4. Brief description of the character of business conducted in Rhode Island SOLLEE			
5. State of Formation Rhode Island					
6. Principal Office Address 11 Church Street		City BARRINGTON	State RI	Zip 02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MARIO PEREIRA		Contact Title MANAGER			
Street Address 11 Church Street		City BARRINGTON	State RI	Zip 02806	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name MARIO PEREIRA		Manager Name			
Street Address 11 Church Street		Street Address			
City BARRINGTON	State RI	Zip 02806	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 MARIO PEREIRA				Date 8/26/19	
Signature of Authorized Person 					

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

FILED

AUG 26 2019

BY **VBFCI**