Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040 <b>Limited Liability Company Filing Period: September 1 - November 1</b> In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI U2904-2615         (401) 222-3040         Colspan="2">Colspan="2"         Colspan="2"						
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (90 days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty for of \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No.       000985358         2. Exact Name of the Limited Liability Company Softa LLC         3. State of Formation         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         315210         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         CLOTHING         5. Principal Office Address         No. and Street:       391 HOPE STREET City or Town:       Zip: 02906       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Title: No. and Street:       391 HOPE STREET City or Town:       PROVIDENCE       State: RI       Zip: 02906       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Date:       Date:       Date:	148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Pilling Period. September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to the ite annual report with initiative (20) days after the time presented by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No. 000985358         2. Exact Name of the Limited Liability Company Sofia LLC         3. State of Formation State: RI         ARTICLE II         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         315210         A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         CLOTHING         5. Principal Office Address         No. and Street: <u>391 HOPE STREET</u> City or Town: <u>PROVIDENCE</u> State: RI Zip: 02906 Country: USA         6. Malling Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>S01 HOPE STREET</u> City or Town: <u>PROVIDENCE</u> State: RI Zip: 02906 Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBERS         Title       Individual Name First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	s s			Fee: \$50.00		
(401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R1 G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report with inity (20) days after the time prescribed by law (R1.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No.       000985358         2. Exact Name of the Limited Liability Company Sofia LLC         3. State of Formation         State: El         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         315210         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         CLOTHING         5. Principal Office Address         No. and Street:       391 HOPE STREET City or Town:       Zip: 02906       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title: No. and Street:       391 HOPE STREET City or Town:       Zip: 02906       Country: USA         State: RI       Zip: 02906       Country: USA         A mane ad Address of Each Manager of the Limite	(401) 222-3040         Initiced Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report with mitry (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No.       000985358         2. Exact Name of the Limited Liability Company Sofia LLC         3. State of Formation State: RI         State: RI         ARTICLE II         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         315210         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         CLOTHING         5. Principal Office Address         No. and Street:       391 HOPE STREET City or Town:       Zip: 02906       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       391 HOPE STREET City or Town:       PROVIDENCE       State: RI       Zip: 02906       Country: US		148 W. River S	reet			
Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No. 000985358         2. Exact Name of the Limited Liability Company Sofia LLC         3. State of Formation         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.         315210         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         CLOTHING         5. Principal Office Address         No. and Street:       391 HOPE STREET         City or Town:       PROVIDENCE       State: RI         State: RI         Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       391 HOPE STREET         City or Town:       PROVIDENCE       State: RI       Zip: 02906       Country: USA         6. Mailing Address of Each Manager of the Limite	Annual Report         Filing Period. September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report with http: (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No.       000985358         2. Exact Name of the Limited Liability Company Sofia LLC         3. State of Formation         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.         315210         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         CLOTHING         5. Principal Office Address         No. and Street:       391 HOPE STREET         City or Town:       PROVIDENCE       State: RI       zip: 02906       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       391 HOPE STREET         City or Town:       PROVIDENCE         State: RI       zip: 02906       Country: USA	HOPE					
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-60(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 0009853358 2. Exact Name of the Limited Liability Company Sofia LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 315210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island CLOTHING 5. Principal Office Address No. and Street: 391 HOPE STREET City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 391 HOPE STREET City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.I. 7: 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 000985358 2. Exact Name of the Limited Liability Company Sofia LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here</u> . More information on <u>NAICS</u> can be found online. 315210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island CLOTHING 5. Principal Office Address No. and Street: <u>391 HOPE STREET</u> City or Town: <u>PROVIDENCE</u> State: RI Zip: 02906 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: <u>391 HOPE STREET</u> City or Town: <u>PROVIDENCE</u> State: RI Zip: 02906 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Annual Report					
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No. and Street:       391 HOPE STREET PROVIDENCE       State: RI       Zip: 02906       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       391 HOPE STREET         City or Town:       PROVIDENCE       State: RI       Zip: 02906       Country: USA         Contact Name:       Contact Title:       State: RI       Zip: 02906       Country: USA         No. and Street:       391 HOPE STREET       State: RI       Zip: 02906       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Address         Title       Individual Name       Address	No. and Street:       391 HOPE STREET PROVIDENCE       State: RI       Zip: 02906       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       391 HOPE STREET         City or Town:       PROVIDENCE       State: RI       Zip: 02906       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	<u>CLOTHING</u>					
City or Town:PROVIDENCEState: RIZip:02906Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name: Contact Title: No. and Street:No. and Street:391 HOPE STREET PROVIDENCEState: RIZip:02906Country: USAContact Title: No. and Street:No. and Street:391 HOPE STREET PROVIDENCEState: RIZip:02906Country: USACountry: USATitle Individual NameAddress	City or Town:       PROVIDENCE       State: RI       Zip:       02906       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       391 HOPE STREET         City or Town:       PROVIDENCE         State:       RI         Zip:       02906         Country:       USA         Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       Address         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	5. Principal Office Addre	ess				
Contact Name:       Contact Title:         No. and Street:       391 HOPE STREET         City or Town:       PROVIDENCE       State: RI       Zip: 02906       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Individual Name       Address	Contact Name:       Contact Title:         No. and Street: <u>391 HOPE STREET</u> City or Town:       PROVIDENCE       State: RI       Zip: 02906       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country			<u>I</u> Zip: <u>02906</u> Coun	try: <u>USA</u>		
No. and Street: City or Town:       391 HOPE STREET PROVIDENCE       State: RI       Zip:       02906       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name       Address	No. and Street: City or Town:       391 HOPE STREET PROVIDENCE       State: RI       Zip:       02906       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name	7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	No. and Street: <u>391</u>	HOPE STREET				
DO NOT LIST MEMBERS     Individual Name       Title     Individual Name	DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country						
	First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country			Ility Company, if Applicable	e.		
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		Title					
	8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town, State, Zi	o Code, Country		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JAMES O. REAVIS, ESQ. 245 WATERMAN STREET, SUITE 109 PROVIDENCE, RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 31 Day of March, 2020 at 10:39:51 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By DEWAN KASHEM

Signature of Authorized Person

Form No. 632 Revised 09/07

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