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State of Rhode Island

Department of State - Business Services Division

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BY 576

Annual Report for the year: 2021

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
001671083	**Soares Family LLC**
3. NAICS Code 531110	4. Brief description of the character of business conducted in Rhode Island Lessor of residential buildings
5. State of Formation RI	

6. Principal Office Address	City	State	Zip
125 Arlington Street	East Providence	RI	02914

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

Contact Name	Contact Title			
Paul Soares	Manager			
Street Address	**City**	**State**	**Zip**	
125 Arlington Street	East Providence	RI	02914	

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

Manager Name			Manager Name		
Paul Soares					
Street Address			**Street Address**		
125 Arlington Street					
City	**State**	**Zip**	**City**	**State**	**Zip**
East Providence	RI	02914			
Manager Name			**Manager Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

Check the box to indicate an attachment ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. 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
Paul Soares	10/5/21

Signature of Authorized Person

Paul Soares

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov