



State of Rhode Island

## Department of State - Business Services Division

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5. 11. 7

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.

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|                                                                                                                                                                                                             |       |                                                                                                                |                           |                  |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------|---------------------------|------------------|--------------|
| 1. Entity ID Number<br>977363                                                                                                                                                                               |       | 2. Exact name of the Limited Liability Company<br>LORAC TOOL LLC                                               |                           |                  |              |
| 3. NAICS Code<br>423940                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>ORNAMENTAL AND JEWELRY FINDINGS |                           |                  |              |
| 5. State of Formation<br>RHODE ISLAND                                                                                                                                                                       |       |                                                                                                                |                           |                  |              |
| 6. Principal Office Address<br>1280 EDDY STREET                                                                                                                                                             |       | City<br>PROVIDENCE                                                                                             |                           | State<br>RI      | Zip<br>02905 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                |                           |                  |              |
| Contact Name<br>JOSEPH RAHEB                                                                                                                                                                                |       |                                                                                                                | Contact Title<br>ATTORNEY |                  |              |
| Street Address<br>650 WASHINGTON HWY., SUITE 200                                                                                                                                                            |       | City<br>LINCOLN                                                                                                |                           | State<br>RI      | Zip<br>02865 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                                |                           |                  |              |
| Manager Name<br>NONE                                                                                                                                                                                        |       |                                                                                                                | 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 <input type="checkbox"/>                                                                                                                                            |       |                                                                                                                |                           |                  |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |       |                                                                                                                |                           |                  |              |
| <b>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.</b> |       |                                                                                                                |                           |                  |              |
| Name of Authorized Person<br>ROBERT K. RAEBURN                                                                                                                                                              |       |                                                                                                                |                           | Date<br>10-15-21 |              |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                                |                           |                  |              |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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