



State of Rhode Island  
**Department of State - Business Services Division**

**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.

RECEIVED  
 OCT 28 2021  
 BY 11-6-21  
 DS

1. Entity ID Number <b>000950844</b>		2. Exact name of the Limited Liability Company <b>Sabella Vocational Services, LLC</b>			
3. NAICS Code 624310		4. Brief description of the character of business conducted in Rhode Island Vocational Rehabilitation Services			
5. State of Formation RI					
6. Principal Office Address 34 Marcy Street			City Cranston	State RI	Zip 02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Albert J. Sabella			Contact Title Owner		
Street Address 34 Marcy Street			City Cranston	State RI	Zip 02905
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name ila			Manager Name		
Street Address eet			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 Albert J. Sabella				Date 10/18/21	
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.ri.gov