RI SOS Filing Number: 202105339940 Date: 11/24/2021 2:26:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee. $50.00
→ Penalty. Additional $25.00 fee if form is not filed by April 1.

2021 NOV 24 PM 2:25

1. Entity ID Number	2. Exact name of the Corporation
001708746	SORREY, LTD

3. Principal Office Address	City	State	Zip
9 Novelty Lane, Suite 2	Essex	CT	06426

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
441222	BOAT OWNERSHIP MGMT OPERATION
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Ronald Sedley	
Street Address: 11 North Crossway	Street Address: N/A
City: Old Greenwich; State: CT; Zip: 06870	City; State; Zip
Secretary Name: John L. Senning	Treasurer Name
Street Address: 9 Novelty Lane Suite 2	Street Address: N/A.
City: Essex; State: CT; Zip: 06426	City; State; Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment: ☐

Director Name	Director Name
Ronald Sedley.	
Street Address	Street Address
City; State: CT; Zip	City; State; Zip
~~Director Name~~	~~Director Name~~
~~Street Address~~	~~Street Address~~
City; State; ~~Zip~~	City; State; ~~Zip~~

9. Shares Authorized 1500

10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		0

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative	Date
JOHN L. SENNING	10/25/2021

Signature of Authorized Representative: John L Senning

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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BY BK4SN

FORM 630 - Revised: 08/2020