		f Rhode Islar Secretary o		Fee: \$50.00
HOPE	Division C 148 V Providen	Of Business Serv V. River Street ce RI 02904-26 1) 222-3040	ices	
Limited Liability Con Annual Report Filing Period: February 1 -	May 1	1.197		
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: 2022				
1. ID No. <u>000799759</u>				
2. Exact Name of the Limited Liability Company Sora Investments LLC				
3. State of Formation				
State: <u>RI</u>				
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.				
<u>722110</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
FULL FOOD SERVIC	E			
5. Principal Office Addr	ess			
	<u> BENEFIT STREET</u> OVIDENCE	State: <u>RI</u>	Zip: <u>02903</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
	t Title: <u>BENEFIT STREET</u> DVIDENCE	State: <u>RI</u>	Zip: <u>02903</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
MIN H. CHEUNG 161 BENEFIT ST. PROVIDENCE, RI 02906				
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 13 Day of February, 2022 at 1:33:19 PM 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 MIN H. CHEUNG

Signature of Authorized Person

Form No. 632 Revised 09/07

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