



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2023**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>140550</b>		2. Exact name of the limited liability company <b>SPARKWIZARD LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>MANAGE EXPENSED OF PRIVATE/RENTAL AIRCRAFT</b>			
5. Principal office address <b>19E LARK INDUSTRIAL PKY</b>		City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>STEVEN A. DORAZIO</b>		Contact Title <b>MANAGER/AGENT</b>			
Street Address <b>19E LARK INDUSTRIAL PKY</b>		City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>STEVEN A. DORAZIO</b>		Manager Name <b>STEVEN R. DORAZIO</b>			
Street Address <b>19E LARK INDUSTRIAL PKY</b>		Street Address <b>19E LARK INDUSTRIAL PKY</b>			
City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>
Manager Name		Manager Name			
Street Address		Street Address <b>nails - 441228</b>			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED'**

**MAR 15 2023**

File Date BY 1313  
 Check No 109  
 By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*Steven R. Dorazio* 3/13/23  
 Signature of Authorized Person Date

**STEVEN R. DORAZIO**  
 Print or Type Name of Authorized Person