RI SOS Filing Number: 202335757680 Date: 5/17/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: $\underline{^{2023}}$

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Li	2. Exact name of the Limited Liability Company				
001729785	Sullora LLC					
3. NAICS Code 721199	4. Brief description of the character of business conducted in Rhode Island Operates Short-term Rental Properties.					
5. State of Formation RI						
6. Principal Office Address		City	State	Zip		
948 Pontiac Avenue		Cranston	RI	02920		
7. Mailing Address of Limit	ed Liability Company and Nam	e or Title of Contact Person				
Contact Name Daniel Sullivan		Contact Title Member				
Street Address 948 Pontiac Avenue		City Cranston	State RI	Zip 02920		
8. The Resident Agent info	rmation currently of record with	n the RI Department of State is ac	curate. Changes requir	re filing Form 642.		
	, I declare and affirm that I ha statements contained herein	ive examined this report, includ are true and correct.	ling any accompanyin	ng schedules and		
Name of Authorized Perso	n		Date 4	11/12		
Daniel Sullivan			//	(1/7)		
Signature of Authorized Pe	erson					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov