



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

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 OCT 11 A 11:20

Annual Report for the year: 2021  
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<br><u>000159203</u>   |  | 2. Exact name of the Limited Liability Company<br><u>Soanne Realty LLC</u>                        |                    |
| 3. NAICS Code<br><u>522220</u>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real estate</u> |                    |
| 5. State of Formation<br><u>RI</u>  |  |   |                    |
| 6. Principal Office Address<br><u>523 Taunton Ave</u>   |  | City<br><u>Seekonk</u>  | State<br><u>MA</u> |
| Zip<br><u>02771</u>   |  |   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                    |
| Contact Name<br><u>Colette Geha</u>   |  | Contact Title<br><u>owner</u>   |                    |
| Street Address<br><u>523 Taunton Ave</u>  |  | City<br><u>Seekonk</u>  | State<br><u>MA</u> |
| Zip<br><u>02771</u>   |  |   |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |   |                    |
| 9. 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 Person<br><u>Colette Geha</u>  |  | Date<br><u>Oct 11 - 2023</u>  |                    |
| Signature of Authorized Person<br><u>[Signature]</u>  |  |   |                    |

ms FILED 1122  
OCT 11 2023  
BY KL END

**MAIL TO:**  
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