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State of Rhode Island Department of State - Business Services Division

| Annual Report for the year: | 2023 |
|-----------------------------|----------------|
| imited Liability Company | - 1 |

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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| D RIDOS | • |
| BSD 42:1 | |
| ~ | |

| 1. Entity ID Number | 2. Exact name of the Limited | 2. Exact name of the Limited Liability Company | | | | |
|---------------------------------|---|--|--------------------------------|----------------------|--|--|
| 001663953 | Sociable, LLC | Sociable, LLC | | | | |
| 3. NAICS Code 519130 | | Brief description of the character of business conducted in Rhode Island Content providers social media, web and broadcast | | | | |
| 5. State of Formation | | | | | | |
| 6. Principal Office Address | ···· | City | State | Zip | | |
| 3 Shawmut Street | | Fairhaven | MA | 02719 | | |
| 7. Mailing Address of Limite | ed Liability Company and Name or T | itle of Contact Person | | | | |
| Contact Name Cheryl Me | Cheryl Methia | | Contact Title Business Manager | | | |
| Street Address 3 Shawmut Street | | City Fairhaven | State | ^{Zip} 02719 | | |
| 8. The Resident Agent info | mation currently of record with the f | RI Department of State is accu | rate. Changes require | filing Form 642. | | |
| | y, I declare and affirm that I have tatements contained herein are tr | | ling any accompany | ing schedules and | | |
| Name of Authorized Person | | Date | | | | |
| John Methia | | 10/30/2023 | | | | |

FILED

NOV 01 2023

MAIL TO:

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

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