



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

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.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>001716498</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>Dorrance Street Condos LLC</b>                        |                    |
| 3. NAICS Code<br><b>531120</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Holdings</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                            |  |                                                                                                            |                    |
| 6. Principal Office Address<br><b>127 Dorrance Street, Suite 11</b>                                                                                                                                     |  | City<br><b>Providence</b>                                                                                  | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02903</b>                                                                                        |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                            |                    |
| Contact Name<br><b>Yvonne Sousa</b>                                                                                                                                                                     |  | Contact Title<br><b>Owner</b>                                                                              |                    |
| Street Address<br><b>127 Dorrance Street, Suite 11</b>                                                                                                                                                  |  | City<br><b>Providence</b>                                                                                  | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02903</b>                                                                                        |                    |
| 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><b>Nicholas LeBlanc</b>                                                                                                                                                    |  | Date<br><b>1/10/2024</b>                                                                                   |                    |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                            |                    |

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