RI SOS Filing Number: 202447647660 Date: 2/28/2024 4:00:00 PM

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.

Entity ID Number	2. Exact name of the Limited Liability Company				
001661670	Lorelei, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110 ·	Real Estate				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
14 Duchess Road		Franklin	MA	02038	
7. Mailing Address of Limited	Liability Company and Name or	Title of Contact Person			
Contact Name J. Russell Jackson		Contact Title Resident Agent			
Street Address 122 Touro Street		City Newport	State	^{Zip} 02840	
8. The Resident Agent inform	ation currently of record with the	RI Department of State is acc	urate. Changes require	filing Form 642.	
	I declare and affirm that I have tements contained herein are t	•	ding any accompany	ing schedules and	
Name of Authorized Person					
MARTINA A.R. FRANGIS 2/18/24					
Signature of Authorized Perso	חר או				
Markin	a DR-frang	7/5			
	7) 0				

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

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