

State of Rhode Island Department of State - Business Services Division

FILED STAMF
FEB 28 2024

Annual Report for the year: 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 Limited Liability Company			
001661670	Lorelei, LLC			
3. NAICS Code	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 Lia	ability Company and Name or Title	e of Contact Person	-	
Contact Name J. Russell Jackson		Contact Title Resident Agent		
Street Address 122 Touro Street		City Newport	State RI	^{Zip} 02840
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				. /. /
MARTINA A.R. FRANGIS 2/18/24				
Signature of Authorized Person				
Machina DR-frangis				

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

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