RI SOS Filing Number: 202449877560 Date: 3/29/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

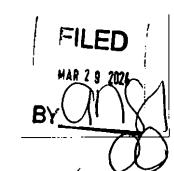
Annual Report for the year: Limited Liability Company

2024

→ 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				
001736085	Sovereignty Compa	Sovereignty Company, LLC			
3 NA CS Code 448190	•	Brief description of the character of business conducted in Rhode Island To purchase, design and reself clothing and for all other lawfully related			
5. State of Formation RI	purposes under Rhode	purposes under Rhode Island law.			
6. Principal Office Address		C:ty	State	Zip	
10 Luray Street		East Providence	RI	02915	
7. Mailing Address of Limit	ed Liability Company and Name or T	tle of Contact Person			
Contact Name Matthew Bergeron		Centact Title Member			
Street Address 10 Luray Street		Cty East Providence	State RI	^{Zip} 02915	
8. The Resident Agent info	rmation currently of record with the R	I Department of State is accurate.	Changes requir	e filing Form 642.	
	ry, I declare and affirm that I have e statements contained herein are tro		any accompany	ing schedules and	
Name of Authorized Person Matthew Bergeron Mattheward Person			Date		
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Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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