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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2004
Limited Liability Company

-> Filing period: February 1 - May 1

→ Flling Fee: \$50.00

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

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
00 1732957	FOF Sorrices, L.L.C.					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
236118	Rapain	HomE				
5. State of Formation						
R.I.		•				
6. Principal Office Address	/	City	State	Zip		
139 Veatie	57.	Providence	R.I.	02908		
7. Mailing Address of Limited Li	:	Itle of Contact Person				
José FIGARI		Contact Title ONWER				
Street Address (39 VEAZIC	st.	Providence	State 2.7.	21p 0290f		
		RI Department of State is accurate.	Changes require	filing Form 642.		
9. Under penalty of perjury, i statements, and that all state		exemined this report, including a rue and correct.	ny accompanyir	ng schedules and		
Name of Authorized Person 1050 trgari			Agail 29, 2024			
Signature of Authorized Person						

FILED

APR 29 2024

BY ML a 813WT

MAIL TO:

Division of Business Services

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

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