RI SOS Filing Number: 201920903640 Dat

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R.I. DEPT. OF STATE BUS SVCS DIV



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

2019 SEP 19 P 1: 01

Annual Report for the year:	2019	
Limited Liability Company		

- → Filing period: September 1 November 1
- → Filing Fee. \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 1659044	2 Exact name of the Limited Liability Company Sorgenfrei, LLC					
3. NAICS Code 531390	Brief description of the character of business conducted in Rhode Island     Real Estate.					
5. State of Formation Florida						
6. Principal Office Address	<u> </u>	<del></del>	City	State	Zıp	
2596 Wulfert Road			Sanibel	FL	33957	
7. Mailing Address of Limited Lia	ability Company	and Name or Title				
Contact Name James Courter			Contact Title Manager			
Street Address 2596 Wulfert Road		<sup>City</sup> Sanibel	State FL	<sup>Z<sub>1</sub>p</sup> 33957		
8. List ALL managers (names a	nd addresses) (	of the Limited Liab	oility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name James Courter		Manager Name				
Street Address 2596 Wulfert Road		Street Address				
City Sanibel	State FL	Zip 33957	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u>.l</u>			Check the box to	ndicate an attachment	
9 Resident Agent in Rhode Isla	ind. This informat	tion is currently of re	cord with the Department of S	tate. Changes require filin	ng Form 642	
Under penalty of perjury, I de statements, and that all state	clare and affiri ments contain	n that I have exa ed hergin are tru	mined this report, include e and correct.	ing any accompanyin	g schedules and	
Name of Authorized Person Date						
James Courter	gu	Con	$\neg$ (	7/5	//9	
Signature of Authorized Person		SIGN D	OCUMENT HERE	<del></del>		

MAIL TO:

**Division of Business Services** 

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

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

SEP 1 9 2019

FORM 532 - Revised: 08/2017