

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002950

Entity Name: SORMANI CORPORATION**Current Principal Place of Business:**59 KENWOOD ROAD
DRACUT, MA 01826**Current Mailing Address:**59 KENWOOD ROAD
DRACUT, MA 01826**FEI Number:** 27-0390372**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MASTROVICH, RICHARD
2379 TRAIL RIDGE CT SE
PALM BAY, FL 32909 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	MASTROVICH, RICHARD
Address	2379 TRAIL RIDGE CT SE
City-State-Zip:	PALM BAY FL 32909

Title	S
Name	O'BRIEN, JOANN
Address	3 ORCHARD STREET
City-State-Zip:	BEVERLY MA 01915

Title	TD
Name	NUTTER, DAVID
Address	59 KENWOOD ROAD
City-State-Zip:	DRACUT MA 01826

Title	D
Name	MASTROVICH, MARY-JANE
Address	2379 TRAIL RIDGE CT SE
City-State-Zip:	PALM BAY FL 32909

Title	DIRECTOR
Name	MASTROVICH, R. DAVID
Address	183 HARDING TERRACE
City-State-Zip:	DEDHAM MA 02026

Title	DIRECTOR
Name	PROVENCHER, KATHARINE
Address	183 HARDING TERRACE
City-State-Zip:	DEDHAM MA 02026

Title	DIRECTOR
Name	O'BRIEN, GEORGE
Address	3 ORCHARD STREET
City-State-Zip:	BEVERLY MA 01915

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID NUTTER**TREASURER****02/18/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date