

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002950

**FILED  
Mar 13, 2015  
Secretary of State  
CC2989966101**

**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 D  
Name NYE, JAMES B  
Address 192 STANHOPE ROAD  
City-State-Zip: SPARTA NJ 07871

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 D  
Name KULIS, ANNE  
Address 8 RAYMOND LANE  
City-State-Zip: HAMPTON NH 03842

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

*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**

**03/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date