



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 159559		2. Exact name of the limited liability company YWA Properties LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Management of Real Estate			
5. Principal office address 144 Hopkins Hollow Road		City Greene	State RI	Zip 02827	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name William J. Nicastro		Contact Title			
Street Address PO Box 117		City West Warwick	State RI	Zip 02893	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name William J. Nicastro		Manager Name			
Street Address PO Box 117		Street Address			
City West Warwick	State RI	Zip 02893	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Samuel A. Miller, Esq.		Address			
Address 1350 Division Road, Suite 102		City West Warwick		Zip 02893	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

159559

File Date	FILED
Check No.	OCT 11 2007
By:	1053
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person
Date: 10-5-2007
William J. Nicastro
Print or Type Name of Authorized Person