



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St
Providence, RI 02904-2040
401.222.3000

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. 155163		2. Exact name of the limited liability company Wells Family LLC			
3. State of Formation CONNECTICUT		4. Brief description of the character of the business which is actually conducted in Rhode Island FAMILY REAL ESTATE PROPERTY			
5. Principal office address 104 S. COMPO ROAD		City WESTPORT	State CT	Zip 06880	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JEAN B. WELLS			Contact Title		
Street Address 104 S. COMPO ROAD		City WESTPORT	State CT	Zip 06880	
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 JEAN B. WELLS			Manager Name		
Street Address 104 S. COMPO ROAD			Street Address		
City WESTPORT	State CT	Zip 06880	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 JUDY DOBBROW			Address		
Address 29 COLLINS ROAD			City ASHAWAY	Zip 02804	

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

File Date **FILED**
Check No. **OCT 24 2007**
By: **1197 MK**
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.

x Jean B. Wells 10/20/07
Signature of Authorized Person Date
JEAN B. WELLS
Print or Type Name of Authorized Person