



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 2009

**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. <b>140170</b>		2. Exact name of the limited liability company <b>Wilma Properties, LLC</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Sell and own real estate</b>	
5. Principal office address <b>P.O. Box 29412</b>		City <b>Providence</b>	State <b>RI</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>Andrew Wilkes</b>		Contact Title <b>Operating Manager</b>	Zip <b>02906</b>
Street Address <b>P.O. Box 29412</b>		City <b>Providence</b>	State <b>RI</b>
Zip <b>02906</b>			
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>Andrew Wilkes</b>		Manager Name	
Street Address <b>P.O. Box 29412</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02906</b>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <b>Stephen M. Litwin, Esquire</b>		Address <b>1 Ship Street</b>	
Address		City <b>Providence</b>	Zip <b>02903</b>

**FILED**

OCT 14 2009

By **10/1/09**

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

**140170**

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

07:01 AM 10/1/09

**Andrew Wilkes**

**10-1-09**

Signature of Authorized Person

Date

**Andrew Wilkes**

Print or Type Name of Authorized Person