RI SOS Filing Number: 200953655810 Date: 10/30/2009 4:00 PM

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 [illegible] 7-16-66 (b)(c), is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company:
139821	WALIGA PROPERTIES, LLC.

3. State of formation:	4. Brief description of the character of the business which is actually conducted in Rhode Island:
Rhode Island	Real estate

5. Principal office address	City	State	Zip
1467 Atwood Avenue	Johnston	RI	02919

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Name	Contact Title
Sherri A. Cantara	Manager

Address	City	State	Zip
1467 Atwood Avenue	Johnston	RI	02919

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	Manager Name
Sherri A. Cantara	
Address	Street Address
1467 Atwood Avenue	
Johnston / RI / 02919	City / State / Zip
Manager Name	Manager Name
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

Name	Address
Stephen J. DiGianfilippo, Esq.	Vieira & DiGianfilippo Ltd.
50 Park Row West, Suite 111	Providence, RI 02903

RECEIVED
2009 OCT 30 AM 8:35
SECRETARY OF STATE
CORPORATIONS DIV.

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

139821

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.

Sherri Cantara 9/23/09
Signature of Authorized Person *Date*

Sherri A. Cantara
Print or Type Name of Authorized Person

Fee Date 10-30-09
Check No. 47679
Init. MNC
39777-77-448010
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07