



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

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

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This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2010

1. ID No. 000137042

2. Exact Name of the Limited Liability Company WICKFORD HARBORWALK, LLC

3. State of Formation

State:

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

REAL ESTATE MANAGEMENT

2010 SEP 27 11:51

5. Principal Office Address

No. and Street: Po BOX 1011

City or Town: Newport

State: RI

Zip: 02840

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Larry Allen

Contact Title: owner

No. and Street: POBOX 1011

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS

First Name:

Middle Name:

Last Name:

**FILED**  
11:51  
Suffix: SEP 27 2010  
BY 923/12731

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
[Clear](#) [Add](#)

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JOHN K. DUNN, ESQ. 50 SOUTH COUNTY COMMONS WAY SOUTH KINGSTOWN , RI 02879-

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: Larry Allen

Business Name: Larry Allen

No. and Street: 418 East Shore Rd. - Same Address as - \_\_\_\_\_ :

City or Town: Jamestown State: RI Zip: 02835 Country: United

Contact Phone: 401 4230179 ext: \_\_\_\_\_

Contact Email: larrynpt@aol.com [Clear](#)

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Signed this 8 Day of September, 2010 at 1:20:33 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.**

By   
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this filing will be litigated under the statutes and common laws of the State of Rhode

Accept  Decline

[Click HERE to Submit This Information](#)

Form No. 632  
Revised 09/07

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