



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 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**
* 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. <u>16309Z</u>		2. Exact name of the limited liability company <u>WILLIAM WALLACE ASSOCIATES, LLC</u>	
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Real Estate Investment</u>	
5. Principal office address <u>3 Chestnut St.</u>		City <u>Newport</u>	State <u>RI</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <u>Thomas F. Cahill</u>		Contact Title <u></u>	Zip <u>02840</u>
Street Address <u>3 Chestnut St.</u>		City <u>Newport</u>	State <u>RI</u>
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) <input type="checkbox"/>		Zip <u>02840</u>	
Manager Name <u>Thomas F. Cahill MD</u>		Manager Name <u></u>	
Street Address <u>3 Chestnut ST</u>		Street Address <u></u>	
City <u>Newport</u>	State <u>RI</u>	City <u></u>	State <u></u>
Zip <u>02840</u>		Zip <u></u>	
Manager Name <u></u>		Manager Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
Zip <u></u>		Zip <u></u>	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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

File Date	<u>9-29-2010</u>
Check No.	<u>1011</u>
By:	<u>MMC</u>
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.

Thomas F. Cahill 9/27/10
Signature of Authorized Person Date
Thomas F. Cahill
Print or Type Name of Authorized Person