RI SOS Filing Number: 201184425580 Date: 10/24/2011 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 2011

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.	2. Exact name of the limited liability company
487251	WIMCOR, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	To purchase, manage and sell real estate and engage in any business permitted under the Act which the members shall deem desirable for the protection or benefit of the Company

5. Principal office address	City	State	Zip
43 GEORGE ARDEN AVENUE	WARWICK	RI	02886

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

Contact Name	Contact Title
WILLIAM J. RILEY	Member

Street Address	City	State	Zip
43 GEORGE ARDEN AVENUE	WARWICK	RI	02886

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	Street Address	City	State	Zip
NONE				
NONE				
NONE				
NONE				

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

FILED

OCT 24 2011

29-154981

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

487251

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.

William J. Riley 10-13-11
Signature of Authorized Person *Date*

WILLIAM J. RILEY, MEMBER
Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

68872-8-686051

Form 632 Rev. 08/08