



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

A. Ralph Mollis, Secretary of State
Corporations Division
118 W. River Street
Providence, RI 02904-2615
(601.222.3040)

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)(7)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 487251		2. Exact name of the limited liability company WIMCOR, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island 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 43 GEORGE ARDEN AVENUE		City WARWICK	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name WILLIAM J. RILEY		Contact Title Member	
Street Address 43 GEORGE ARDEN AVENUE		City WARWICK	State RI
		Zip 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 NONE		Manager Name NONE	
Street Address		Street Address	
City	State	Zip	City
Manager Name NONE		Manager Name NONE	
Street Address		Street Address	
City	State	Zip	City
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

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: _____
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