



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|                                                                                                                                                                  |                    |                                                                                                   |                    |                     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------|--------------------|---------------------|-----|
| 1. Entity ID No.<br><u>000724467</u>                                                                                                                             |                    | 2. Exact name of the limited liability company<br><u>WC Partners, LLC</u>                         |                    |                     |     |
| 3. State of Formation<br><u>RI</u>                                                                                                                               |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real Estate</u> |                    |                     |     |
| 5. Principal office address<br><u>1145 MAIN STREET, SUITE 3</u>                                                                                                  |                    | City<br><u>PAWTUCKET</u>                                                                          | State<br><u>RI</u> | Zip<br><u>02860</u> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON                                                                              |                    |                                                                                                   |                    |                     |     |
| Contact Name<br><u>STEFANIA M. MARDO</u>                                                                                                                         |                    | Contact Title                                                                                     |                    |                     |     |
| Street Address<br><u>1145 MAIN STREET, SUITE 3</u>                                                                                                               |                    | City<br><u>PAWTUCKET</u>                                                                          | State<br><u>RI</u> | Zip<br><u>02860</u> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS (EX BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                                                                                                   |                    |                     |     |
| Manager Name<br><u>JASONS REALTY CORP.</u>                                                                                                                       |                    | Manager Name                                                                                      |                    |                     |     |
| Street Address<br><u>1145 MAIN STREET, SUITE 3</u>                                                                                                               |                    | Street Address                                                                                    |                    |                     |     |
| City<br><u>PAWTUCKET</u>                                                                                                                                         | State<br><u>RI</u> | Zip<br><u>02860</u>                                                                               | City               | State               | Zip |
| Manager Name                                                                                                                                                     |                    | Manager Name                                                                                      |                    |                     |     |
| Street Address                                                                                                                                                   |                    | Street Address                                                                                    |                    |                     |     |
| City                                                                                                                                                             | State              | Zip                                                                                               | City               | State               | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND                                                                                                                                |                    |                                                                                                   |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                |                    |                                                                                                   |                    |                     |     |

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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.

Stefania Mardo 9/17/12  
Signature of Authorized Person Date

STEFANIA M. MARDO  
Print or Type Name of Authorized Person