

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 2011

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. 000137042	2. Exact name of the limited liability company Wickford Harborwalk, LLC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island Real Estate Management					
5. Principal office address P.O. Box 1011			City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LI	MITED LIABILITY	COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Larry Allen			Contact Title Member			
Street Address P.O. Box 1011			City Newport	State RI	Zip 02840	
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME	AMES AND ADDE	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
reet Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
Dity	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN RHO	DE ISLAND					
		Office of the Sec	retary of State. Changes require	filing Form 642.	173	
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	BY_	JAN 1 5 20 \81/50	905		PH 12: 47	
File Date			Under penalty of per this report, including and that all statemen	rjury I declare and aff g any accompanying s ats contained herein?	irm that I have examined schedules and statement for true and correct.	
Check No					1/14/13	
By:			Signature of Authorize		Date	
FOR SECRETARY OF STAT	E USE ONLY		//	, Attorney of reco	ord	
			Print or Type Name or	f Authorized Person		

Form No. 632 Revised: 01/2012