



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 **2013**

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. 000274353		2. Exact name of the limited liability company THE WAMPANOAG GROUP LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. Principal office address 1275 WAMPANOAG TRAIL		City EAST PROVIDENCE		State RI	Zip 02915
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:					
Contact Name JOSEPH QUATTROCCHI		Contact Title MANAGER			
Street Address 1275 WAMPANOAG TRAIL		City EAST PROVIDENCE		State RI	Zip 02915
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (*X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name JOSEPH QUATTROCCHI		Manager Name			
Street Address 667 DOUGLAS AVE		Street Address			
City PROVIDENCE	State RI	Zip 02908	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.					

File Date	
Check No	
By	
FOR SECRETARY OF STATE USE ONLY	

FILED

SEP 11 2013

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.

Signature of Authorized Person

Date

JOSEPH QUATTROCCHI

Print or Type Name of Authorized Person