

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 2014

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.	2. Exact na	me of the limited liab	pility company									
000321907	WIWIN,	LLC										
3. State of Formation	4. Brief des	cription of the chara	cter of business conducted in Rhode Is	land								
Rhode Island	Residen	tial Real Estate	•									
5. Principal office address 20 Oakdale Road			City North Kingstown	State RI	Zip 02852							
6. MAILING ADDRESS OF L	IMITED LIABILI	TY COMPANY AND	NAME OF TITLE OF CONTACT PER	SON:								
Contact Name John J. Kupa, Jr., E	-		Contact Title Resident Agent									
Street Address 20 Oakdale Road			City North Kingstown									
7. LIST ALL MANAGERS (N ("X" BOX FOR ATTACHM	AMES AND ADI	HESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - DO	Neiderada Brancon Brancon							
Manager Name			Manager Name									
Street Address			Street Address									
City	State	Zip	City	State	Zip							
Manager Name			Manager Name									
Street Address			Street Address									
City	State	Zip	City	State	Zip							
RESIDENT AGENT IN THI	DE ISLAND											
This information is currently	of record in the	Office of the Secr	etary of State. Changes require filing	ı Form 642.								

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Form No. 632 Revised: 01/2012 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.

\$ignature of Authorized Person

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John J. Kupa, Jr., Esq.

Print or Type Name of Authorized Person