

## 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. <b>557029</b>		2. Exact name of the limited liability company Wellington Properties, LLC				
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island OWN, SELL, LEASE AND MANAGE REAL ESTATE AND REAL ESTATE INVESTMENTS				
5. Principal office address 438 EAST MAIN ROAD			City MIDDLETOWN	State <b>RI</b>	Zip <b>02842</b>	
ে (প্রাছারিপুর) চার্লাইজ্জন চল Contact Name KAREN DAY	an lymen e se subjuste	कुट <b>ने वे</b> भाग प्रतिक्षिण (का.स	Contact Title  MANAGER	(\$(•}4);		
Street Address 438 EAST MAIN ROAD			City MIDDLETOWN	State RI	Zip <b>02842</b>	
्रताहरूल <b>(०)वन्तरूप प्रमापना</b> इ. ब्रोडियर प्रतास स्टब्स्ट्रिय	Mania). Maniaya	)સારુકાર્ગકાર <b>ા</b> સારાષ્	विद्यासम्बद्धाः । विद्यासम्बद्धाः । विद्यासम्बद्धाः । विद्यासम्बद्धाः । विद्यासम्बद्धाः । विद्यासम्बद्धाः । विद विद्यासम्बद्धाः । विद्यासम्बद्धाः । विद्यासम्बद्धाः । विद्यासम्बद्धाः । विद्यासम्बद्धाः । विद्यासम्बद्धाः । वि	A24 :1m (e4:A21)*z=+(fe	অফেন কালী আনুন্ত নহে	
Manager Name KAREN DAY			Manager Name			
Street Address 438 EAST MAIN ROAD			Street Address			
City MIDDLETOWN	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Milesiolatic Velatic Ithiu						
This information is current	lly of record in the	Office of the Secreta	ary of State. Changes require fili	ng Form 642.		

FILED

NOV 19 2014

BY 4247



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.

Signature of Authorized Persony

0 - 14-14 Date

KAREN DAY - MANAGER

Print or Type Name of Authorized Person