



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. <u>518131</u>		2. Exact name of the limited liability company <u>WRI Acquisitions, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u>			
5. Principal office address <u>16 Peckham Ave</u>		City <u>N. P.</u>	State <u>RI</u>	Zip <u>02908</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>William Scampoli</u>			Contact Title <u>MANAGER</u>		
Street Address <u>16 PECKHAM AVE</u>			City <u>N. P.</u>	State <u>RI</u>	Zip <u>02908</u>
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 <u>William Scampoli</u>			Manager Name		
Street Address <u>16 PECKHAM AVE</u>			Street Address		
City <u>N. PROV</u>	State <u>RI</u>	Zip <u>02908</u>	City	State	Zip
Manager Name <u>Elizabeth Luther</u>			Manager Name		
Street Address <u>25 CAPITAL VIEW AVE</u>			Street Address		
City <u>N. P.</u>	State <u>RI</u>	Zip <u>02904</u>	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.					

FILED

MAR 02 2015

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SECRETARY OF STATE
CORPORATIONS DIV

BY md
29-243501

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

Print or Type Name of Authorized Person

3/2/15
Date

File Date	
Check No	
By	
FOR SECRETARY OF STATE USE ONLY	