



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>99134</u>		2. Exact name of the limited liability company <u>W & W Realty LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Buy and sale Real Estate</u>			
5. Principal office address		<u>73 Beaufort St</u>		City <u>Providence</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>Wascar Montilla</u>		Contact Title <u>manager</u>			
Street Address <u>73 Beaufort St</u>		<u>Providence</u>		City <u>RI</u>	State <u>02908</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>Wascar Montilla</u>		Manager Name			
Street Address <u>73 Beaufort street</u>		Street Address			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND <u>YES</u>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2015 MAR 11 PM 1:59
 SECRETARY OF STATE
 CORPORATIONS DIV

FILED ←

MAR 11 2015

BY Mr 244325

File Date _____
 Check No _____
 By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Wascar Montilla 3/10/15
 Signature of Authorized Person Date
Wascar Montilla
 Print or Type Name of Authorized Person