



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 **2015**

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.<br><b>128985</b>                                                                                 |                    | 2. Exact name of the limited liability company<br><b>Wickford Landings, LLC</b>                                               |      |                    |                     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                      |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Ownership and management of real estate</b> |      |                    |                     |
| 5. Principal office address<br><b>201 Essex Road</b>                                                              |                    | City<br><b>North Kingstown</b>                                                                                                |      | State<br><b>RI</b> | Zip<br><b>02852</b> |
| Contact Name<br><b>Daniel DiSaia</b>                                                                              |                    | Contact Title<br><b>Manager</b>                                                                                               |      |                    |                     |
| Street Address<br><b>201 Essex Road</b>                                                                           |                    | City<br><b>North Kingstown</b>                                                                                                |      | State<br><b>RI</b> | Zip<br><b>02852</b> |
| Manager Name<br><b>Daniel DiSaia</b>                                                                              |                    | Manager Name                                                                                                                  |      |                    |                     |
| Street Address<br><b>201 Essex Road</b>                                                                           |                    | Street Address                                                                                                                |      |                    |                     |
| City<br><b>North Kingstown</b>                                                                                    | State<br><b>RI</b> | Zip<br><b>02852</b>                                                                                                           | City | State              | Zip                 |
| Manager Name                                                                                                      |                    | Manager Name                                                                                                                  |      |                    |                     |
| Street Address                                                                                                    |                    | Street Address                                                                                                                |      |                    |                     |
| City                                                                                                              | State              | Zip                                                                                                                           | City | State              | Zip                 |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. |                    |                                                                                                                               |      |                    |                     |

**FILED**

SEP 30 2015

BY

**2520**

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

**Daniel DiSaia**

Print or Type Name of Authorized Person

Date

**9-22-2015**