

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. 508370	2. Exact name of the limited liability company WAC, LLC					
3. State of Formation RHODE ISLAND	Brief description of the character of business conducted in Rhode Island OWNING. LEASING, INVESTING AND MANAGEMENT OF REAL ESTATE					
5. Principal office address 759 W. MAIN RD.			City MIDDLETOWN	State RI	Zip 02842	
, that. The Habitaness of Alfile	ess office	Properties of the con-	AND wit sound of essignations, that	:{z\$2\$9}?		
Contact Name WILLIAM A. CORREIA			Contact Title MANAGER/MEMBER			
Street Address 759 W. MAIN ROAD				State RI	Zip 02842	
वास्त्रक वर्षे स्व वार्तनात्रक स्वास्त्र होत्र होत वर्ष वार्तक के स्वास्त्र का क्षेत्र होत्र होत);12;2(d 2;2 ₁ , 91; 18;(2:- 4])	Milleria ការប្រទេទី នៅក្នុងការប្រកាសអ្នក បានប្រកាសអ្នក បានបាន ការប្រកាសអ្នក បានប្រកាសអ្នក បានប្រកាសអ្នក បានបានបានបានបានបានបានបានបានបានបានបានបានប	(計算制(資務(計算基本)) (0)	Megineral Manualte	
Manager Name WILLIAM A. CORREIA			Manager Name			
Street Address 759 W. MAIN ROAD			Street Address			
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
rai refered (p) maybox v e) m (% all all all all all all all all all al	E (SPENNE)					
This information is currently of	record in th	e Office of the Secreta	ary of State, Changes require fili	ng Form 642.		

FILED

OCT 0 8 2015

		DV.
司((:明朝)(():		
अने च(क. केंगे [†] र ^{के} (के		
16.		
तिकोट क्षेत्रकृद्धः हत्यदेशः वक्षः	Signatur efficie et	ŧ₽'

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

Date

WILLIAM A. CORREIA - MANAGER/Member

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012