| State of Rhode Island and Providence Plantations Fee: \$50 Office of the Secretary of State | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------|--------------------|
| HOPE | Division Of Busines 148 W. River S Providence RI 029 (401) 222-30 | Street 04-2615 | |
| Limited Liability Company Annual Report | | | |
| Filing Period: September 1 - November 1 | | | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: 2015 | | | |
| 1. ID No. <u>000509383</u> | | | |
| 2. Exact Name of the Limited Liability Company Joanna P. Williams, LLC | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| REAL ESTATE | | | |
| 5. Principal Office Address | | | |
| No. and Street: ONE LINCOLN PLAZA, APT. 11-0 | | | |
| City or Town: <u>NEW Y</u> | <u>′ORK</u> | State: <u>NY</u> Zip: <u>10023</u> C | ountry: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name: JOANNA P. WILLIAMS Contact Title: PRESIDENT | | | |
| No. and Street: <u>ONE LI</u> City or Town: <u>NEW Y</u> | <u>NCOLN PLAZA, APT. 11-0</u> <u>ORK</u> | State: <u>NY</u> Zip: <u>10023</u> Co | ountry: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Address | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip | Code, Country |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| RALPH M. KINDER, ESQ. 155 SOUTH MAIN STREET, SUITE 300 PROVIDENCE, RI 02903 | | | |
| 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). | | | |

Signed this 19 Day of October, 2015 at 2:16:40 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>RALPH M. KINDER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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