



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. <u>150765</u>		2. Exact name of the limited liability company <u>WA WA, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>RENTAL PROPERTY</u>			
5. Principal office address <u>99 KETTLE POND DR</u>		City <u>SOOTH KINGSTOWN</u>		State <u>RI</u>	Zip <u>02879</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>WAYNE A. LABORE</u>		Contact Title <u>OWNER</u>			
Street Address <u>SAA</u>		City		State	Zip
7. LIST <u>ALL</u> 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>WAYNE A. LABORE</u>		Manager Name			
Street Address <u>99 KETTLE POND DR</u>		Street Address			
City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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

OCT 19 2015

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY 1593

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

Wayne A. Labore
WAYNE A. LABORE

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