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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.	2. Exact name of the limited liability company
134972	WAP, LLC
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	ACQUIRING, DEVELOPING, LEASING, DEALING IN, AND HOLDING FOR INVESTMENTS REAL PROPERTY

5. Principal office address	City	State	Zip
157 HARRISON AVENUE, UNIT 19, BRENTON COVE	NEWPORT	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
CHRISTINE K. PINKERTON			
Street Address	City	State	Zip
80 IRON BOTTOM LANE	CHARLESTON	SC	29492

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
BROOKE A. PINKERTON			CHRISTINE K. PINKERTON		
Street Address			Street Address		
5000 WASHINGTON BOULEVARD			80 IRON BOTTOM LANE		
City	State	Zip	City	State	Zip
ARLINGTON	VA	22205	CHARLESTON	SC	29492
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 20 2015
BY 323

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.

Christine K. Pinkerton 10/5/15
Signature of Authorized Person Date

CHRISTINE K. PINKERTON
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
126728-4-1075292