

## 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	f the limited liability com	pany	<u></u>			
1521100		_		, (			
526609		wels t	roperties, L				
3. State of Formation 4. Brief description of the character of business conducted in Rhode Island							
KI	lanc	110rd/pr	operty				
5. Principal office address	Birch	Circle	City Hope	State	<sup>Zip</sup> 02831		
	Tella		Contact Title				
Street Address 71 White Bir	ch Gr	cle	City Hope	State RI	102831		
7. LIST ALL MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRES	SES) OF THE LIMITED	LIABILITY COMPANY, IF APPLI	CABLE - DO NOT	LIST MEMBERS		
Manager Name			Manager Name				
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orces sale		0	Street Address				
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	Clago	(2 " -	TORY	State	Zip		
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8. RESIDENT AGENT IN RHODE This information is currently of			State Changes require fills - E-				
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Form No. 632 Revised: 01/2012 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,

AUUI ANA JII A

Signature of Authorized Person

Print or Type Name of Authorized Person