

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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## 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.

1821 D	me or the limited liat	oility company	2. Exact name of the limited liability company				
AAIICO D	Wilco Development, LLC						
4. Brief des	4. Brief description of the character of business conducted in Bhode Island						
Real Est	Real Estate Development						
		City <b>Warwick</b>	State RI	Zip <b>02888</b>			
LIMITED LIABILE	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON				
lliam J. Wilbur		Contact Title Member					
Street Address 300 Jefferson Boulevard, Suite 211		City <b>Warwick</b>	State RI	Zip <b>02888</b>			
(NAMES AND ADD MENT) [_]	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS			
fanager Name street Address		Manager Name  Street Address					
						State	Zip
me		Manager Name					
treet Address		Street Address					
State	Zip	City	lot-t-	la.			
		Ony	State	Zip			
HODE ISLAND							
tly of record in the	Office of the Secr	etary of State. Changes require	filing Form 642,				
	4. Brief desi Real Est  evard, Suite 21  LIMITED LIABILIT  evard, Suite 21  (NAMES AND ADD  MENT)   State    State	4. Brief description of the character Real Estate Developme  Evard, Suite 211  LIMITED LIABILITY COMPANY AND  Evard, Suite 211  (NAMES AND ADDRESSES) OF THE MENT)  State  State  Zip  HODE ISLAND	4. Brief description of the character of business conducted in Rho Real Estate Development  City Warwick  LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT Contact Title Member  Evard, Suite 211  City Warwick  (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, MENT)  Manager Name  Street Address  State  State  Zip  City  Manager Name  Street Address  Street Address  Street Address  Street Address	4. Brief description of the character of business conducted in Rhode Island Real Estate Development  City Warwick  LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Member  City Warwick  State RI  City Warwick  State Ri  NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO MENT)  Manager Name  Street Address  State  State  State  Zip City State  Street Address  Street Address  Street Address			

File Date  Check No  By:  FOR SECRETARY OF STATE USE ONLY	OCT 27 2015 	Under penalty of perjury, I declare and affirm this report, including any accompanying scand that all/statements contained herein are unature of Authorized Person  William J. Wilbur  Print or Type Name of Authorized Person	hedules and statements
		Pillit of Type Name of Authorized Person	

Form No. 632 Revised: 01/2012