

## 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.

Entity ID No.	2. Exact name WILLOM,	e of the limited liabilit	ty company			
141567						
State of Formation	Brief description of the character of business conducted in Rhode Island     Real estate investment and management.					
Rhode Island	iteai oot-					
Principal office address 32 Milk Street			City Blackstone	State MA	Zip 01504	
WALENCK ONDERSONE!	IMITEDILLABILIT	Y COMPANY AND N	Contact Title	ERSON:		
ontact Name Marc Williams			Contact Title  Member			
Street Address			City Blackstone	State MA	Zip 01504	
("X" BOX FOR ATTACHI Manager Name	S (NAMES AND ADDRESSES) OF THE HMENT) [		Manager Name Street Address			
	State	Zip	City	State	Zip	
City	State	r				
Manager Name		1	Manager Name			
Street Address			Street Address		_	
	State	Zip	City	State	Zip	
City	State					
	1					
8. RESIDENT AGENT IN F	HODE ISLAND		retary of State. Changes require	### E 640		

File DateCheck No	OCT 2 6 2013 143	Under penalty of perjury, I declare and affirm that I have examin this report, including any accompanying schedules and statem and that all statements contained herein are true and correct.  Signature of Authorized Person  Date	ed ents,
Ву:		Marc Williams	
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012