



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.<br><b>162092</b>  |       | 2. Exact name of the limited liability company<br><b>WHAT CHEER REALTY, LLC</b>                   |                    |                          |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE</b> |                    |                          |     |
| 5. Principal office address<br><b>9 SOMERSET STREET</b>  |       | City<br><b>E. GREENWICH</b>   | State<br><b>RI</b> | Zip<br><b>02818-3220</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON  |       |   |                    |                          |     |
| Contact Name<br><b>ROBERT DONFRANCESCO</b>   |       | Contact Title<br><b>MEMBER</b>  |                    |                          |     |
| Street Address<br><b>9 SOMERSET STREET</b>   |       | City<br><b>E. GREENWICH</b>   | State<br><b>RI</b> | Zip<br><b>02818-3220</b> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS.<br>(*X* BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |                    |                          |     |
| Manager Name   |       | Manager Name  |                    |                          |     |
| Street Address   |       | Street Address  |                    |                          |     |
| City   | State | Zip   | 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** *or*  
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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.

Signature of Authorized Person

Date

**ROBERT DONFRANCESCO**

Print or Type Name of Authorized Person