

## 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 co	mpany			
160671	N	WSI PBG, LLC				
3. State of Formation	4. Brief descrip	tion of the character of I	business conducted in Rhode Is	siand		
Hichigan Not doing business in RI culterty						
0	notor	Len	City St Jode	State	I Zip 49707	
6. SAMLING ADDRESS OF LAG		STREAMY AND PARTY	CONTRE OF CHILD IN	SON:	and the second of the second	
Contact Name Develouphory			Contact Title PCCSi den +			
Street Address 89 75 Soin	noker	Lend	City	State	I Zip 49 707	
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMEN	HES AND ADDRE	BSES) OF THE LIMIT	ED-LIABILITY COMPANY, IF A	PPLICABLE - <u>D</u> O	NOTE IS CHEMICALS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	1		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

MAY 2 0 2016

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File Date	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.		
Chéck No	gains & Dunk	5-17-16	
By:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	David Berohan		
क कर्तु कर प्राप्त के प्रश्निक कर जिल्हा कर हो है। यह इस की मुस्तिक के सिंग की किया है। इस कर प्रश्निक के किया किया के साथ किया है। यह साथ की साथ की अनुसार कर है।	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012