



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

2010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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.

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1. Entity ID No. 157936		2. Exact name of the limited liability company WEXFORD PROPERTIES LLC	
3. State of Formation STATE of Rhode Island AND PROV. PLANT.		4. Brief description of the character of business conducted in Rhode Island RENTAL HOUSE @ 26 KNOWLESWAY, NARRAGANSETT	
5. Principal office address 64 SALTAIRE AVE.,		City NARRAGANSETT	State RI
		Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name William D FORTUNE		Contact Title MANAGER	
Street Address 64 SALTAIRE AVENUE		City NARRAGANSETT	State RI
		Zip 02882	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND STATE AS ABOVE			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

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 2016 MAY 20 PM 1:09

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: William D Fortune Date: _____
 Print or Type Name of Authorized Person: **William D FORTUNE**

File Date: _____
 Check No: _____
 By: _____

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