(S)	State of Rhode Island and Providence			
	State of Rhode Island and Providence Department of State - Busin			

Plantations ness Services Division

Annual Report for the year:	2016	
Limited Liability Company		

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company							
529247	The Wright Real Estate Connection, LLC.							
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island							
Rhode Island	Real estate brokerage,marketing,sales and leasing.							
5. Principal Office Address			City	State	Zip			
655 Main Street			East Greenwich	RI	02818			
6. Mailing Address of Limited Lia	bility Company a	nd Name or Title						
Contact Name Rita Wright			Contact Title Member					
Street Address 655 Main Street			City East Greenwich	State RI	^{Zip} 02818			
7. List ALL managers (names ar	nd addresses) of	the Limited Liabil	ity Company, IF APPLICABLE -	DO NOT LIST ME	MBERS			
Manager Name NONE			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			
Check the box to indicate an attachment								
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.								
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.								
Name of Authorized Person	An Wa	2.6 HT		7-28-16				
Signature of Authorized Person								

FILED

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov