

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

SECRETION OF STATE

2016 AUG -5 AM 11: 27

→ 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				
157299	185 PEQUOT, LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
RI	12 Unit RESIDENTIAL APARTMENT BLdg.				
5. Principal Office Address			City	State	Zip
22 Luck Low Rd.			WESTERLY		02891
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name 105EPH A. WNUK			Contact Title OWNER PRASIDENT		
Street Address 22 WICKLOW RD			City WESTHALY	State	Zip 0 Ze 91
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name	· <u>-</u>	•	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 Date					
JOSEPH A. WAUK 8/5/16					
Signature of Authorized Person SIGN DOCUMENT HERE					
1/ SIGN DOCONIENT HEILE					

MAIL TO:

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

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

By 28034 A.A. 11'.29A.

FORM 632 - Revised: 05/2016