



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR: 2016**

**1. ID No. 001410065**

**2. Exact Name of the Limited Liability Company WIP GrandeVille Apartments, LLC**

**3. State of Formation**

State: RI

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NIACS Code

6

81

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

THE SOLE PURPOSE OF THE LIMITED LIABILITY COMPANY SHALL BE THE  
ACQUISITION, OWNERSHIP, OPERATION AND MAINTENANCE OF THE GRANDEVILLE  
AT  
GREENWICH APARTMENS AND ACTIVITIES INCIDENTAL THERETO.

**5. Principal Office Address**

No. and Street: 6710 E. CAMELBACK ROAD, SUITE 100

City or Town: SCOTTSDALE

State: AZ Zip: 85251 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: H. CURTIS KELLER Contact Title: TRANSACTION COUNSEL

No. and Street: 6710 E. CAMELBACK ROAD, SUITE 100

City or Town: SCOTTSDALE

State: AZ Zip: 85251 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER

WOLFF INCOME PARTNERS LP

6710 E. CAMELBACK ROAD, SUITE 100  
SCOTTSDALE, AZ 85251 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 7 Day of September, 2016 at 3:25:13 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.**

By TERRI ORPET  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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