State of Rhode Island and Providence Plantations

Department of State - Business 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					
162694	Reynard, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
55 - Management of Companie	Management Consulting and Property Management					
5. State of Formation						
Ri						
6. Principal Office Address			City	State	Zip	
61 Clinton Ave.			Jamestown	RI	02835	
7. Mailing Address of Limited Lia	bility Compan	y and Name or				
Contact Name John Wayt III			Contact Title Manager	Contact Title Manager		
Street Address 61 Clinton Ave.			City Jamestown	State RI	^{Zip} 02835	
8. List ALL managers (names an	d addresses)	of the Limited L	iability Company, IF APPLICA	BLE - DO NOT LIST N	MEMBERS	
Manager Name			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	
					ndicate an attachment	
Resident Agent in Rhode Island	J. This informat	ion is currently of	record with the Department of Star	te. Changes require filing	g Form 642.	
Under penalty of perjury, I declar statements, and that all stateme	are and affirn ents containe	n that I have ex ed herein are tr	amined this report, including ue and correct.	g any accompanying	schedules and	
Name of Authorized Person				Date		
John Wayt III				9/4/2016	9/4/2016	
Signature of Authorized Person	mto	SIGN D	OCUMENT HERE			

MAIL TO:

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

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

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