State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: Limited Liability Company	
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	

Penalty: Additional \$	25.00 fee if form	n is not filed by	December 1.	-			
1. Entity ID Number 129850		Exact name of the Limited Liability Company 336 WSR, LLC					
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island					
23 - Construction		To own and manage Real Estate					
5. State of Formation	_						
Rhode Island							
6. Principal Office Address			City	State	Zip		
P O Box 255			Manville	RI	02838		
7. Mailing Address of Limite	ed Liability Comp	any and Name (or Title of Contact Person				
Contact Name Judith Clynes			Contact Title Member				
Street Address P O Box 255		City Manville	State RI	^{Zip} 02838			
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS		
Manager Name N/A			Manager Name N/A	Manageration			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name N/A			Manager Name N/A	Manager Name N/A			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
			L	Check the box to i	ndicate an attachment		
Resident Agent in Rhode I	Island. This inform	nation is currently o	of record with the Department of Sta	tate. Changes require filin	ag Form 642		
Under penalty of perjury, I statements, and that all sta	declare and affi	irm that I have d	examined this report includir	ng any accompanying	g schedules and		
Name of Authorized Person				Date			
Judith Clynes					9/8/14		
Signature of Authorized Person		SIGNI	DOCEMENT RESE		110/12		

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 or

GEP 1 8 2016

BY 4044