

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2018

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the limited liability company				
140170	vviima Pi	roperties, LLC				
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island Sell and own real estate				
RI	Sell and					
. Principal office address 40 Quail Hollow Road		City Cranston	State RI	Zip 02920		
6. MAILING ADDRESS OF	LIMITED LIABILI	Y COMPANY AND N	ME OR TITLE OF CONTACT	PERSON:		
ontact Name Andrew Wilkes		Contact Title Operating Manager				
Street Address 40 Quail Hollow Road			City Cranston	State RI	Zip 02920	
7, LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	<u>NOT LIST MEMBER</u>	
Manager Name Andrew Wilkes		Manager Name				
Street Address 40 Quail Hollow Roa	ad		Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip	
Manager Name	enge -		Manager Name			
Street Address			Street Address			
City	State	Zíp	City	State	Zip	
8. RESIDENT AGENT IN F	RHODE ISLAND					
		The state of the s	ary of State. Changes require			

SEP 2 8 2016

FileDate	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.		
Check No	Andw Wilkes	9-15-1	
By:	Signature of Authorized Person	Date	
	Andrew Wilkes		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012