(B)	State of Rhode Island and Providence Plantations  Department of State - Business Services Division
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2016 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 is not filed by December 1.

1. Entity ID Number	2. Exact name	of the Limited L	iability Company				
146111	WALIGA PROPERTIES I, LLC						
3. State of Formation	State of Formation 4. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Rhode Island Real estate management						
5. Principal Office Address			City	State	Zip		
1467 Atwood Avenue			Johnston	RI	02919		
6. Mailing Address of Limited Lia							
Contact Name Stephen J. DiGi	anfilippo, Esq	•	Contact Title Attorney	Contact Title Attorney			
Street Address 50 Park Row Wo	est, Suite 111		City Providence	State RI	<sup>Zip</sup> 02903		
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Sherri A. Canta	ra		Manager Name	Manager Name			
Street Address 1467 Atwood Av			Street Address				
<sup>City</sup> Johnston	State RI	<sup>Zip</sup> 02919	City	State	Zip		
Manager Name		-	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 decl statements, and that all statem	are and affirm t ents contained	hat I have exar herein are true	mined this report, including and correct.	any accompanying	g schedules and		
Name of Authorized Person Date							
Sherri A. Cantara							
Signature of Authorized Person	~_ a	SIZN DO	<del>CUMEN</del> T HERE	<del></del>	1 /		

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 &

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