	State of Rhode Island and Providence Plantations					
	State of Rhode Island and Providence Plantatic Department of State - Business S	Services	Division			
WORE.						

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.

							
Entity ID Number	2. Exact name of the Limited Liability Company						
159517	WIGEON PONT REALTY, LLC						
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
Rhode Island Real estate management							
5. Principal Office Address	<u> </u>		City	State	Zip		
735 East Road			North Scituate	RI	02857		
6. Mailing Address of Limited Lia	ability Compar	ny and Name or Tit			· · · · · · · · · · · · · · · · · · ·		
Contact Name Stephen J. DiGi	ianfilippo, E	sq.	Contact Title Attorney				
Street Address 50 Park Row W	est, Suite 1	11	City Providence	State RI	^{Zip} 02903		
7. List ALL managers (names a		of the Limited Lial	bility Company, IF APPLICAB	ILE - DO NOT LIST I	MEMBERS		
Manager Name Lorraine D. Du	ckworth		Manager Name				
Street Address 735 East Road			Street Address				
City North Scituate	State RI	Zip 02857	City	State	Zip		
Manager Name	<u> </u>		Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	J		1	Check the box to i	ndicate an attachment		
8. Resident Agent in Rhode Islar	nd. This informa	ation is currently of re	cord in the Department of State.	Changes require filing	Form 642.		
Under penalty of perjury, I dec statements, and that all staten				g any accompanyin	g schedules and		
Name of Authorized Person Date							
Lorraine D. Duckworth	Louan	e D. Ll	uckworth	9/2 3	3/16		
Signature of Authorized Person SIGN DOCUMENT 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

FILED OV OCT 1 4 2016