

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 2016

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. 539533		Exact name of the limited liability company Wilshire Realty Trust, LLC				
3. State of Formation Rhode Island	ì	Brief description of the character of business conducted in Rhode Island Real Estate				
i. Principal office address 3 Jason Drive		City Lincoln	State RI	Zip 02865		
6. MAILING ADDRESS O Contact Name John Orabona	F LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT Contact Title Member	FPERSON:		
Street Address 3 Jason Drive			City Lincoln	State RI	Zip 02865	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADE	PRESSES) OF THE LI	MITED LIABILITY COMPANY	, IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Robert A. Peretti			Manager Name			
Street Address 1536 Westminster :	Street	***************************************	Street Address			
City Providence	State RI	Zip 02909	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zìp	
8. RESIDENT AGENT IN I	RHODE ISLAND	- Aca				
This information is curre	ntly of record in the	Office of the Secret	ary of State. Changes requir	e filing Form 642.		

FILED

OCT 19 2016

BY_CV_280399

	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.		
File Date			
Check No	On the	re true and correct.	
By:	Signifiere of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Jolin Orabona, Member		
ON SECRETARY OF STATE USE ONE	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012