	State of Rhode Island and Office of the Sec		ONS Fee: \$50
	Division Of Bus	ness Services	
	148 W. Riv		
	Providence RI		
HOPE	(401) 222	-3040	
imited Liabilit	v Company		
nnual Report			
iling Period: Septe	ember 1 - November 1		
o file its annual rep	R.I.G.L. 7-16-66(d), each limited liability port within thirty (30) days after the time p ect to a penalty fee of \$25.00.		
ANNUAL REPOR	TYEAR: <u>2016</u>		
1. ID No. <u>000</u>	0567022		
2. Exact Name c	f the Limited Liability Company $\ \underline{\mathrm{WN}}$	AC Management, LLC	
3. State of Form	ation		
State: DE			
	ARTICLE		
	ARTICLE	111	
Using the following	g NAICS codes, please select the code t		siness.
Using the following		nat best describes your bu	ī
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 26 Day of October, 2016 at 5:08:59 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By **TIMOTHY G SHEEHAN**

Signature of Authorized Person

Form No. 632 Revised 09/07

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