	State of Rhode Island and Providence Plantations Fee: \$50 Office of the Secretary of State
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040
imited Lipbility ('ampany
imited Liability C Innual Report	ompany
iling Period: Septembe	er 1 - November 1
o file its annual report	G.L. 7-16-66(d), each limited liability company failing or refusing within thirty (30) days after the time prescribed by law (R.I.G.L. 7- to a penalty fee of \$25.00.
ANNUAL REPORT YEAR: 2016	
1. ID No. <u>000513</u>	3203
2. Exact Name of th	e Limited Liability Company Wisdom Properties LLC
3. State of Formatio	n
State: <u>RI</u>	
	ARTICLE III
Lising the following N/	AICS codes, please select the code that best describes your business.
	ACS coues, please select the code that best describes your business.
NAICS Code	<u> 6 53</u>
	6 53
4. Brief Description c	
4. Brief Description c	of the Character of the Business Which is Actually Conducted in Rhode Island
4. Brief Description of REAL ESTATE 5. Principal Office Ac	of the Character of the Business Which is Actually Conducted in Rhode Island
4. Brief Description of REAL ESTATE 5. Principal Office Action No. and Street: 1	of the Character of the Business Which is Actually Conducted in Rhode Island
4. Brief Description of REAL ESTATE 5. Principal Office Action No. and Street: 1 City or Town: 1	of the Character of the Business Which is Actually Conducted in Rhode Island
4. Brief Description of REAL ESTATE 5. Principal Office Action No. and Street: 1 City or Town: 1 6. Mailing Address of	of the Character of the Business Which is Actually Conducted in Rhode Island ddress <u>36 WINDMILL STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02904</u> Country: <u>USA</u>
4. Brief Description of <u>REAL ESTATE</u> 5. Principal Office Action No. and Street: 1 City or Town: <u>F</u> 6. Mailing Address of	of the Character of the Business Which is Actually Conducted in Rhode Island ddress <u>36 WINDMILL STREET</u> PROVIDENCE State: RI Zip: 02904 Country: USA f Limited Liability Company and Name or Title of Contact Person:
4. Brief Description of the section	of the Character of the Business Which is Actually Conducted in Rhode Island ddress <u>36 WINDMILL STREET</u> PROVIDENCE State: RI Zip: 02904 Country: USA of Limited Liability Company and Name or Title of Contact Person: <u>/IN VICIOSO Contact Title:</u> OFFICER P.O. BOX 40803 State: RI Zip: 02940 PROVIDENCE State: RI Zip: 02940 s of Each Manager of the Limited Liability Company, if Applicable.
4. Brief Description of the section	of the Character of the Business Which is Actually Conducted in Rhode Island ddress <u>36 WINDMILL STREET</u> PROVIDENCE State: RI Zip: 02904 Country: USA of Limited Liability Company and Name or Title of Contact Person: <u>/IN VICIOSO Contact Title:</u> OFFICER P.O. BOX 40803 State: RI Zip: 02940 PROVIDENCE State: RI Zip: 02940 s of Each Manager of the Limited Liability Company, if Applicable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LEWIN VICIOSO 136 WINDMILL STREET PROVIDENCE, RI 02904

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

Signed this 1 Day of November, 2016 at 3:56:07 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 <u>LEWIN VICIOSO</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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