(NR)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
000145833	W.JAG L.L.C.					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	RENTAL PROPERTY AND INVESTMENTS					
	NEW ACTION ENTRANCE INTERIOR					
5. Principal Office Address			City	State	Zip	
4 S ESSEX DR			WESTERLY	RI	02891	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name (500 FONTAN)			Contact Title MANAGER			
Street Addrana US 9 SSX D2.			City WESTERLY	State RI	^{Zip} 02891	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Addro			Street Address			
City		1	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 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.						
Name of Authorized Person						
GREG FERRARO				10,	-27-16	
Signature of Authorized Person Attended to the Attended to the Authorized Person Att						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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