	Office of the Secretary of State	
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	
imited Liebility	Compony	
imited Liability (nnual Report	Company	
iling Period: Septemb	ber 1 - November 1	
o file its annual report	I.G.L. 7-16-66(d), each limited liability company failing or refusing t within thirty (30) days after the time prescribed by law (R.I.G.L. 7- t to a penalty fee of \$25.00.	
ANNUAL REPORT YI	EAR: <u>2016</u>	
1. ID No. <u>00016</u>	50039	
2. Exact Name of th	he Limited Liability Company Wellfleet Properties, LLC	
3. State of Formation	on	
State: <u>RI</u>		
	ARTICLE III	
Lising the following N	IAICS codes, please select the code that best describes your busir	2000
	IAICS codes, please select the code that best describes your busin	1635.
NAICS Code	6	<u>53</u>
J	of the Character of the Business Which is Actually Conducted	
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4. Brief Description	of the Character of the Business Which is Actually Conducted	
J	of the Character of the Business Which is Actually Conducted	
4. Brief Description REAL ESTATE IN 5. Principal Office A	of the Character of the Business Which is Actually Conducted	
4. Brief Description REAL ESTATE IN 5. Principal Office A No. and Street: 27	of the Character of the Business Which is Actually Conducted	d in Rhode Island
4. Brief Description REAL ESTATE IN 5. Principal Office A No. and Street: 27 City or Town: E	of the Character of the Business Which is Actually Conducted VESTMENTS Address 790 SOUTH COUNTY TRAIL EAST GREENWICH State: RI Zip: 02818	d in Rhode Island <u>3</u> Country: <u>USA</u>
4. Brief Description REAL ESTATE IN 5. Principal Office A No. and Street: 27 City or Town: E 6. Mailing Address of	of the Character of the Business Which is Actually Conducted VESTMENTS Address 790 SOUTH COUNTY TRAIL CAST GREENWICH State: RI Of Limited Liability Company and Name or Title of Contact Person	d in Rhode Island <u>3</u> Country: <u>USA</u>
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SANFORD J. RESNICK, ESQ. 300 CENTERVILLE ROAD SUMMIT WEST, SUITE 300 WARWICK, RI 02886

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

Signed this 2 Day of November, 2016 at 1:27:26 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>JOHN G HADDAD</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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