Acc. n.e.	

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.

2. Exact name of the Limited Liability Company								
cww, LLC								
4. Delas description of the abayeatay of hypinass conducted in Disada Island								
·								
Real Estate								
		City	State	Zip				
		Cranston	RI	02921				
		10						
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Ronald J. Rossi			Contact Title					
nue		City Cranston	State RI	<sup>Zip</sup> 02921				
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name Ronald J. Rossi			Manager Name					
Street Address 1935 Phenix Avenue			Street Address					
State RI	<sup>Zip</sup> 02921	City	State	Zip				
Manager Name			Manager Name					
Street Address			Street Address					
State	Zip	City	State	Zip				
·			Check the box to ind	icate an attachment				
9. Resident Agent in Rhode Island. This information is currently of record with 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.								
			Date /	1				
onald J. Rossi 9/30/14								
Signature of Authorized Person								
12m	SIGN DOC	CUMENT HERE	FILE	D				
	cww, LLC  4. Brief descrip Real Estate  bility Company a  nue d addresses) of  nue State RI  State d. This information are and affirm tents contained	4. Brief description of the characters Real Estate  billity Company and Name or Title description of the characters and addresses) of the Limited Liability and addresses) of the Limited Liability and addresses) of the Limited Liability and addresses are and affirm that I have examinents contained herein are true and affirm that I have examined the action of the contained herein are true and affirm that I have examined the contained herein are true and affirm that I have examined the contained herein are true and affirm that I have examined the contained herein are true and affirm that I have examined the contained herein are true and affirm that I have examined the contained herein are true and affirm that I have examined the contained herein are true and affirm that I have e	CWW, LLC  4. Brief description of the character of business conducte  Real Estate  City Cranston  bility Company and Name or Title of Contact Person Contact Title  City Cranston  d addresses) of the Limited Liability Company, IF APPLIC/ Manager Name  Street Address  State RI  Zip 02921  City  Manager Name  Street Address  State Zip City  d. This information is currently of record with the Department of Stare and affirm that I have examined this report, including ents contained herein are true and correct.	City Cranston  City Cranston  Contact Title  City Cranston  Contact Title  City Cranston  Contact Title  City Cranston  State RI  diaddresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST ME  Manager Name  Street Address  State  State  Zip 02921  City State  Manager Name  Street Address  State  Check the box to ind  d. This information is currently of record with the Department of State. Changes require filing in the cents contained herein are true and correct.  Date  SIGN DOCUMENT HERE				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 03 2016 By 3015