RI SOS Filing Number: 201611919510 Date: 11/07/2016 4:00 PM

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company
160014	WAKAMO PARK HOMEOWNERS ASSOCIATION LLC
3. NAICS Code: 53	4. Brief description of the character of business conducted in Rhode Island: HOMEOWNERS ASSOCIATION
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
659C SUCCOTASH RD	WAKEFIELD	RI	02879

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
THELMA DI BONA	TREASURER		
Street Address	**City**	**State**	**Zip**
69 RIO CT	FORT MYERS	FL	33912

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Street Address	City	State	Zip
LOUIS DI MANNI	156 ENFIELD AVE	PROVIDENCE	RI	02908
DONNA BOURQUE	109 S. MAIN ST.	MOOSUP	CT	06354
KATHERINE JACQUES	41 HANCOCK RD	NEEDHAM	MA	02492
~~Manager Name~~ SECRETARY LENORE BACKMAN	21 WHITFORD ST.	PROVIDENCE	RI	02908

Check the box to indicate 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.

Name of Authorized Person	Date
LOUIS DI MANNI	10-30-16

Signature of Authorized Person: Louis Di Manni

FILED
NOV 07 2016
By

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

144751-33-1165035

FORM 632 - Revised: 08/2016