	State of Rhode
	Departmen

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 Evant name	of the Limited Lia	ability Company				
133028			• • •				
	THE VILLAGE AT WORDENS POND, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	REAL ESTATE						
5. State of Formation	1						
RHODE ISLAND							
6. Principal Office Address			City	State	Zip		
434 LEISURE DRIVE			WAKEFIELD	RI	02879		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name LISA FIORE			Contact Title MANAGER				
Street Address 434 LEISURE DRIVE			City WAKEFIELD	State RI	<sup>Zip</sup> 02879		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name LISA FIORE			Manager Name				
Street Address 434 LEISURE DRIVE			Street Address				
City WAKEFIELD	State RI	<sup>Zip</sup> 02879	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to in	dicate 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							
LISA FIORE		12016					
Signature of Authorized Person							
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	/	)					

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED Q-

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