

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2017 JAN 25 PM 2: 57

2016 Annual Report for the year: **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.

| 4 Entitle ID November | 2 Event no | ma of the Limited Lie | hiliby Company | | - | |
|--|---|----------------------------|--------------------------------|----------------------------|-----------------------------|--|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
| 485803 | Woodsorrel, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 53 - Real Estate and Rental and | To hold investment properties | | | | | |
| 5. State of Formation |] | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 100 Exchange Terrace, Unit 1407 | | | Providence | RI | 02903 | |
| 7. Mailing Address of Limited Lia | bility Compar | ny and Name or Title | | | | |
| Contact Name Holly S. Senocak | | | Contact Title Member | | | |
| Street Address 100 Exchange Terrace, Unit 1407 | | | City Providence | State RI | ^{Zip} 02903 | |
| 8. List ALL managers (names ar | nd addresses |) of the Limited Liabi | lity Company, IF APPLICA | BLE - DO NOT LIST I | MEMBERS | |
| Manager Name None | | | Manager Name None | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name None | | | Manager Name None | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | | | | Check the box to i | ndicate an attachment | |
| 9. Resident Agent in Rhode Islan | d. This inform | ation is currently of reco | ord with the Department of Sta | ate. Changes require filin | ig Form 642. | |
| Under penalty of perjury, I dec statements, and that all statem | | | | ng any accompanyin | g schedules and | |
| Name of Authorized Person | | | | Date | | |
| Holly S. Senocak, Member | | | | 1/24/11/ | | |
| Signature of Authorized Person | | SIGNIDOC | CUMENT HERE | | | |
| KALA hall | | SIGNEGO | JUIVILIALITEIAE | | | |

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**

JAN 25 2017

FORM 632 - Revised: 08/2016