## State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

2016

## Amended Annual Report for the year:

## Limited Liability Company

→ Filing period: September 1 - November 1

 $\rightarrow$  Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001658564	2. Exact name of the Limited Liability Company WJS, LLC					
3. NAICS Code 53 - Real Estate and Rental ar	4. Brief description of the character of business conducted in Rhode Island Invest in real property through construction, renovation, rehabilitation, operation & leasing of real property, conduct all activities related, necessary or incidental thereto.					
5. State of Formation Rhode Island						
6. Principal Office Address 5 Cathedral Square			City Providence		State RI	Zip 02903
7. Mailing Address of Limited Lia		ind Name or Title	of Contact Person			
Contact Name Robert R. Gaudreau, Jr.			Contact Title			
Street Address 5 Cathedral Square			City Providence		State RI	<sup>Zip</sup> 02903
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	ity Company, IF APPLIC	CABLE - DC	NOT LIST ME	MBERS
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	ſ	State	Zip
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
			· · · · · · · · · · · · · · · · · · ·	Check	k the box to indic	cate an attachment
9. Resident Agent in Rhode Islan	d. This information	is currently of reco	ord with the Department of	State. Chang	jes require filing F	orm 642.
Under penalty of perjury, I decised and the statements, and that all statements and the statements and the statements are statements as the statement of the st	lare and affirm t lents contained	hat I have exam herein are true a	ined this report, inclue and correct.	ding any ad	companying s	chedules and
Name of Authorized Person Sco Affordable Housing Strates	H Gaudrean Gles, Inc., Hr Lunited Par	Socretary 1-T	reasures of othes of ple member of WUS		Date March	<u>, 2017</u>
Signature of Authorized Person		SIGN	MENT HERE			
MAIL TO: Division of Business Services 148 W. River Street, Providence, F Phone: (401) 222-3040	Rhode Island 029	004-2615		FILE MAR 03		

BY

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

FORM 632 - Revised: 08/2016

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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

March 03, 2017 12:17 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

