



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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 MAR -3 PM 12:15

Amended
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 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 Liability Company and Name or Title of Contact Person					
Contact Name Robert R. Gaudreau, Jr.			Contact Title		
Street Address 5 Cathedral Square		City Providence		State RI	Zip 02903
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 Scott Gaudreau, Secretary/Treasurer of Affordable Housing Strategies, Inc., the general partner of New Yorkwood Associates Limited Partnership, the sole member of WJS, LLC				Date March 2, 2017	
Signature of Authorized Person <i>[Signature]</i>				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

12:17
FILED
MAR 03 2017
BY *[Signature]*