Ĩ	itate of Rhode Island and P Office of the Secre		IS Fee: \$50.0
HOPE	Division Of Busine 148 W. River Providence RI 02 (401) 222-3	Street 904-2615	
		· ·	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability col in thirty (30) days after the time pres penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2016</u>		
1. ID No. <u>00079716</u>	9		
2. Exact Name of the Li	mited Liability Company <u>WILS</u>	<u>ON-TULLI REALTY LI</u>	<u></u>
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAICS	codes, please select the code that	best describes your busir	ness.
NAICS Code		6	53
<u></u>	e Character of the Rusiness Whi	b is Actually Conductor	<u>53</u>
	e Character of the Business Whi		
4. Brief Description of th	e Character of the Business Whi		
4. Brief Description of th	ITH UNITS FOR RENT.		
4. Brief Description of th OFFICE BUILDING W 5. Principal Office Addre	ITH UNITS FOR RENT.		
4. Brief Description of th   OFFICE BUILDING W   5. Principal Office Addree   No. and Street: 935 H	ITH UNITS FOR RENT. PSS RESERVOIR AVENUE		
4. Brief Description of th   OFFICE BUILDING W   5. Principal Office Addre   No. and Street: 935 H   City or Town: CRA	ITH UNITS FOR RENT. PSS RESERVOIR AVENUE	ch is Actually Conducted	d in Rhode Island
4. Brief Description of th   OFFICE BUILDING W   5. Principal Office Addree   No. and Street: 935 H   City or Town: CRA   6. Mailing Address of Lite   Contact Name: DAVID A	ITH UNITS FOR RENT. ss RESERVOIR AVENUE <u>NSTON</u>	ch is Actually Conducted State: <u>RI</u> Zip: <u>02910</u> ne or Title of Contact Pe	d in Rhode Island
4. Brief Description of th   OFFICE BUILDING W   5. Principal Office Addree   No. and Street: 935 F   City or Town: CRA   6. Mailing Address of Line   Contact Name: DAVID A   No. and Street: 935 R	ITH UNITS FOR RENT.   ISS   RESERVOIR AVENUE   NSTON   Imited Liability Company and Nar   A. TULLI Contact Title: PRINCIPAI   RESERVOIR AVENUE	ch is Actually Conducted State: <u>RI</u> Zip: <u>02910</u> ne or Title of Contact Pe	d in Rhode Island
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4. Brief Description of th   OFFICE BUILDING W   5. Principal Office Addree   No. and Street: 935 H   City or Town: CRA   6. Mailing Address of Lin   Contact Name: DAVID A   No. and Street: 935 R   City or Town: CRAN   You and Street: 935 R   City or Town: CRAN   You and Street: 935 R   City or Town: CRAN   7. Name and Address of	ITH UNITS FOR RENT.   ISS   RESERVOIR AVENUE   NSTON S   mited Liability Company and Nar   A. TULLI Contact Title: PRINCIPAL   RESERVOIR AVENUE S   NSTON S   ISTON S   ESERVOIR AVENUE S   ISTON S   Each Manager of the Limited Liability S	State: <u>RI</u> Zip: <u>02910</u> ne or Title of Contact Pe tate: <u>RI</u> Zip: <u>02910</u>	d in Rhode Island Country: <u>USA</u> erson: Country: <u>USA</u> icable.

DAVID A TULLI 239 HASWILL STREET WARWICK , RI 02889

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 19 Day of April, 2017 at 2:02:04 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>DAVID A. TULLI, MSW, LICSW</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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