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

State of Rhode Island and Pro Department of State		
Annual Report for the year: Limited Liability Company	2017	
<ul> <li>→ Filing period: September 1 - No</li> <li>→ Filing Fee: \$50.00</li> </ul>	ovember 1	

Entity ID Number	2. Exact name	e of the Limited L	iability Company				
001007447	Warwidk 96, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental ar	Real Estate Holding Company						
5. State of Formation							
CA							
6. Principal Office Address			City	State	Zip		
1554 Shaw Ave			Clovis	CA	93611		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name John Ashely			Contact Title Manager				
Street Address 1554 Shaw Ave			City Clovis	State CA	<sup>Zip</sup> 93611		
8. List ALL managers (names an	nd addresses) (	of the Limited Liah	bility Company, IF APPLIC	ABLE - DO NOT LIST M	EMBERS		
Manager Name Trenway			Manager Name	Manager Name			
Street Address 1554 Shaw Ave			Street Address	Street Address			
City Clovis	State CA	<sup>Zip</sup> 93611	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Check the box to indicate 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	Date	Date					
John Ashely	5/3/2017	5/3/2017					
Signature of Authorized Person 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

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FORM 632 - Revised: 02/2017