Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), each limited liability company failing or refusing					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Pilling Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (20) days after the time presenbed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty ise of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000396605 2. Exact Name of the Limited Liability Company W. A. C & FAMILY, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531110 ARTICLE III Report Property State: RI State: RI< Zip: 02910 Cou	s s			Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Ping Pand: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&6.)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 0003966005 2. Exact Name of the Limited Liability Company W. A. C & FAMILY, LLC 3. State of Formation State: Rl ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island INVESTMENT PROPERTY 5. Principal Office Address No. and Street: 1020 PARK AVENUE City or Town: CRANSTON State: RI Zip: 02910 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: THERESA C. CAPUANO Contact Title: MANAGER No. and Street: 1020 PARK AVENUE City or Town: CRANSTON State: RI Zip: 02910 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBERS Title Individual Name Address, City or Town, State, Zip Code, Country		Division Of Business	Services		
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Limited Liability Company Anual Report Filing Period: September 1 - November 1 th accordance with R1 G L. 7-19-66(f), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R1.G.L. 7- 10. The September 1 - November 2007 ANNUAL REPORT YEAR: 2017 1. ID No. 000396605 2. Exact Name of the Limited Liability Company W. A. C & FAMILY, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island INVESTMENT PROPERTY 5. Principal Office Address No. and Street: 1020 PARK AVENUE City or Town: CRANSTON State: RI Zip: 02910 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: THERESA C. CAPUANO Contact Title: MANAGER No. af Street: 1020 PARK AVENUE City or Town: CRANSTON State: RI Zip: 02910 Country: USA 5. Mailing Address of Element of the Limited Liability Company and Name or Title of Contact Person: Contact Name: THERESA C. CAPUANO Contact Title: MANAGER No. and Street: 1020 PARK AVENUE City or Town: CRANSTON State: RI Zip: 02910 Country: USA 7. Name and Address of Elem Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	Providence RI 02904-2615				
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Contact Name: <u>THERESA C. CAPUANO</u> Contact Title: <u>MANAGER</u> No. and Street: <u>1020 PARK AVENUE</u> City or Town: <u>CRANSTON</u> State: <u>RI</u> zip: <u>02910</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country			<u>RI</u> Zip: <u>02910</u> Coun	try: <u>USA</u>	
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First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country					
	Title	Individual Name	Address		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER					
	8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LIA CAPUANO PAPA 1020 PARK AVENUE CRANSTON, RI 02910

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

Signed this 26 Day of September, 2017 at 2:29:13 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>LIA PAPA</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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