State of Rhode Island and Providence Plantations Fee: 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(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>000122842</u>			
2. Exact Name of the Limited Liability Company WEALTH MANAGEMENT REALTY			
PARTNERS, 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.			
531120			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
<u>INVESTING IN REAL ESTATE</u>			
5. Principal Office Addres	SS		
No. and Street: <u>501 GREAT ROAD</u>			
City or Town: <u>NO</u>	<u>RTH SMITHFIELD</u> State:	<u>RI</u> Zip: <u>02896</u> 0	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>ARTHUR C EVERLY</u> Contact Title:			
No. and Street: 501 GREAT ROAD			
City or Town: <u>NORTH SMITHFIELD</u> State: <u>RI</u> Zip: <u>02896</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	Addres	S
	First, Middle, Last, Suffix	Address, City or Town, State	e, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

WEALTH MANAGEMENT RESOURCES, INC. 501 GREAT ROAD, #201 NORTH SMITHFIELD, RI 02896

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

Signed this 27 Day of September, 2017 at 2:53:33 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>ARTHUR C EVERLY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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