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

Annual Report for the year: **2017**
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	2. Exact name of the Limited Liability Company
000164973	**WAYLYN PROPERTIES LLC**

3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island
53 1110	**MANAGE REAL ESTATE HOLDINGS**

5. State of Formation
RI

6. Principal Office Address	City	State	Zip
10 VICTORIA DRIVE	**SMITHFIELD**	**RI**	**02917**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **LINDA MARTIN**	Contact Title **MANAGER**		
Street Address **10 VICTORIA DRIVE**	City **SMITHFIELD**	State **RI**	Zip **02917**

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name **LINDA MARTIN**			Manager Name **WAYNE MARTIN**		
Street Address **10 VICTORIA DRIVE**			Street Address **10 VICTORIA DRIVE**		
City **SMITHFIELD**	State **RI**	Zip **02917**	City **SMITHFIELD**	State **RI**	Zip **02917**
Manager Name			Manager Name		
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 660

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
LINDA MARTIN	**09-26-17**

Signature of Authorized Person	SIGN DOCUMENT HERE

FILED

OCT 1 1 2017

BY 314514

AA

FORM 632 - Revised: 08/2017