

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filling Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the limited liability company				
152167	Woiani, L	10 (5	3/110)			
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
RI	To engage in any lawful activity for which limited liability company can be formed.					
	Real Estate Investment.					
5. Principal office address 20 Factory Street			City West Warwick	State P.!	7ip 02893	
6. MAILING ADDRESS OF	LIMITED LIABILITY	COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:	<u> </u>	
Contact Name Albert N. Izzi			Contact Title Member	99 1991 19		
Street Address 20 Factory Street			City West Warwick	State RI	Zip 02893	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN I	RHODE ISLAND	<u>.</u>				
This information is curre	ently of record in the	Office of the Sec	cretary of State. Changes require fi	iling Form 642.		

FOR SECRETARY OF STATE USE ONLY
Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012