RI SOS Filing Number: 201752965810 Date: 11/3/2017 4:00:00 PM

| State of Rhode Island and Providence Plantations | | | | | |
|--|---|------------------------------------|----------------------|---------------------|--------------------------------|
| Department of State - Business Services Division | | | | | R.1. DES BUS 2017 NOV |
| 1096 | | | | | 3 2 5 5 5 5 5 5 5 5 5 5 |
| Annual Papert for the year: 2017 | | | | | |
| Annual Report for the year: 2017 Limited Liability Company | | | | | |
| Smillion married, Southernhord, November 1 | | | | | |
| → Filing Fee: \$50.00 | | | | | |
| → Penalty: Additional \$25.00 fee if form is not filed by December 1. | | | | | |
| 4 E-G-IDALI | 2. Exact name of the Limited Liability Company | | | | |
| 1. Entity ID Number | | Williams & Stuart Real Estate, LLC | | | |
| 489439 | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 53 - Real Estate and Rental and | REAL ESTATE SALES AND SERVICES | | | | |
| 5. State of Formation | | 531110 | | | |
| Rhode Island | | | 221110 | | |
| 6. Principal Office Address | | | City | State | Zip |
| 870 OAKLAWN AVENUE | | | CRANSTON | RI | 02920 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name SUSAN A. ROWLE | ≅S | | Contact Title MEMBER | | |
| Street Address SAME | | | City | State | Zip |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name None | | - | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | <u></u> | <u> </u> | <u> </u> | Check the box to in | ndicate 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. | | | | | |
| Date. | | | | | - 1 |
| SUSAN A. ROWLES | | | | 9/1 | 5(17 |
| 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 **FILED**

FORM 632 - Revised: 08/2016