



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 001660888		2. Exact name of the Limited Liability Company W. Sherman LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island own & manage to condos (units 223) at 24 Third St, Newport, RI 02840			
5. State of Formation RI					
6. Principal Office Address 93 Mountain Rd -			City Farmington	State CT	Zip 06032
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name James F. Calciano			Contact Title manager		
Street Address same as above			City ''	State ''	Zip ''
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Stig		Manager Name			
Stig		Street Address			
City		State CT	Zip 06032	City	State CT
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input checked="" type="checkbox"/>					
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.					
Name of Authorized Person 				Date 5/6/18	
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

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JUN 07 2018

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