



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018  
 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 <u>001033960</u>		2. Exact name of the Limited Liability Company <u>Weeden Properties, LLC</u>			
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>526 Weeden Street</u>			City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Jason Martins</u>			Contact Title <u>Owner</u>		
Street Address <u>526 Weeden St</u>			City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
8. List ALL Managers (names and addresses) of Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Jason Martins</u>			Manager Name <u>Jason Martins</u>		
Street Address <u>526 Weeden St</u>			Street Address <u>526 Weeden St</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
Manager Name <u>Jason Martins</u>			Manager Name <u>Jason Martins</u>		
Street Address <u>526 Weeden St</u>			Street Address <u>526 Weeden St</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
Check the box to indicate an attachment <input 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 <u>Jason Martins</u>				Date <u>8/22/18</u>	
Signature of Authorized Person <u>[Signature]</u>				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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