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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED SECRETARY OFISTATE CORPORATIONS DIV

2018 SEP 12 PM 12: 55

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.

| 3. NAICS Code 531390 5. State of Formation RI 6. Principal Office Address 34 Lake Road 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name SAME Corract Title Street Address 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address Street Address City State Zip City State Zip Manager Name Street Address Street Addr | 1. Entity ID Number 1658751  |                    | 2. Exact name of the Limited Liability Company WBH Properties, LLC |                                  |                              |                        |  |
|--|------------------------------|--------------------|--|----------------------------------|------------------------------|------------------------|--|
| RI   6. Principal Office Address   City   State   Zip   D2878    7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   Contact Name SAME   City   State   Zip    8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   Manager Name   Manager Name    8. Street Address   Street Address   Street Address   Street Address    City   State   Zip   City   State   Zip    Manager Name   Manager Name   Manager Name    8. Street Address   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 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   Q L O / 1 8    Signalure of Authorized Person   Date   Q L O / 1 8    Signalure of Authorized Person   Date   Signalure of Bate   Date   Q L O / 1 8    Signalure of Authorized Person   Date   Signalure of Authorized Person   David O'Brien   | j i                          | I                  | '  |                                  |                              |                        |  |
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| Signature of Authorized Person   | Name of Authorized Person    |                    |  |                                  | Date                         | 1.1.4                  |  |
| Signature of Astronzod Person SIGN DOCUMENT HERE   |                              |                    |  |                                  | 9/                           | 10/18                  |  |
|  | Signature of Authorized Pers | on                 | sig  | N DOCUMENT HERE                  | •                            |                        |  |
| · LITHE  |                              |                    |  |                                  |                              |                        |  |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 12:55 FILED SEP 12 2018 BYDDAE PP