



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 001659839

**2. Exact Name of the Limited Liability Company** Words Unlimited, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

813920

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

WORDS UNLIMITED IS THE RHODE ISLAND ASSOCIATION OF SPORTSWRITERS, SPORTSCASTERS, AND SPORTS PUBLICISTS. ORGANIZED 70 YEARS AGO, OUR PRIMARY FUNCTION IS TO HONOR THE STATE'S TOP ATHLETES AND TEAMS EACH YEAR. AN ANNUAL AWARDS DINNER IS HELD EACH YEAR, USUALLY IN FEBRUARY OR EARLY MARCH. THE ORGANIZATION MEETS IN THE FALL TO BEGIN A SELECTION PROCESS WHICH LEADS TO THE SELECTION OF HONOREES IN 17 CATEGORIES. THE WINNERS ARE HONORED AT THE ANNUAL BANQUET.

**5. Principal Office Address**

No. and Street: 35 INTERVALE ROAD

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: JOHN PARENTE Contact Title: PRESIDENT  
No. and Street: 35 INTERVALE ROAD  
City or Town: WEST WARWICK State: RI Zip: 02893 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	JOHN PARENTE	35 INTERVALE ROAD WEST WARWICK, RI 02893 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JOHN PARENTE 35 INTERVALE ROAD WEST WARWICK , RI 02893

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 3 Day of October, 2018 at 9:12:48 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOHN PARENTE  
Signature of Authorized Person

Form No. 632  
Revised 09/07