

State of Rhode Island and Providence Plantations
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 , Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 790585		2. Exact name of the limited liability company Wilson Avenue Realty, LLC	
3. State of Formation Rhode Island 531110		4. Brief description of the character of business conducted in Rhode Island Purchase, sales, leasing and management of real estate.	
5. Principal office address Two Henry Court		City Johnston	State RI
		Zip 02919	
8. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Georgeann Thomas		Contact Title Manager	
Street Address Two Henry Court		City Johnston	State RI
		Zip 02919	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) 0			
Manager Name Georgeann Thomas		Manager Name Thomas Thomas	
Street Address Two Henry Court		Street Address Two Henry Court	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642			

FILED

SEP 05 2019

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File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person _____ Date **08-30-2019**

GEORGEANN THOMAS
 Print or Type Name of Authorized Person