S KOPE Limited Liability Com Annual Report	State of Rhode Island and Pro Office of the Secreta Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	ry of State Services reet 4-2615	S Fee: \$50.00
	148 W. River St Providence RI 0290	reet 14-2615	
Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time prescr penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>000336843</u>	3		
2. Exact Name of the Li	mited Liability Company <u>WAYLA</u>	ND SQUARE ESTAT	<u>ES, LLC</u>
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	Code that best describes the primary l e information on <u>NAICS</u> can be found		ne entity. Download
<u>531110</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	in Rhode Island
ACQUIRING, MANAG	ING, DEVELOPMENT AND SEL	LLING OF REAL EST	ATE
5. Principal Office Addre	SS		
	MAXCY DRIVE OVIDENCE State: R	<u>I</u> Zip: <u>02906</u> (Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Per	'son:
	MAXCY DRIVE		
	OVIDENCE State: <u>RI</u>		Country: <u>USA</u>
7 Name and Address of	[•] Each Manager of the Limited Liab RS	ility Company, if Appli	cable.
DO NOT LIST MEMBE			
	Individual Name	Addre Address, City or Town, Sta	

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

TSILYA BASKIN 10 MAXCY DRIVE PROVIDENCE, RI 02906

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

Signed this 18 Day of September, 2019 at 12:35:35 PM 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 EDWARD A GEMMA

Signature of Authorized Person

Form No. 632 Revised 09/07

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