Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Providence RI 02904-2615 Providence With R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report whith hith y(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: 2020 1. ID No. 001668223 2. Exact Name of the Limited Liability Company <u>7 WAPAN LLC</u> 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Down the list of codes here, More information on NAICS can be found online. <u>\$31390</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islat REAL ESTATE OWNERSHIP 5. Principal Office Address No. and Street: <u>1 KENSETT LANE</u>					
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 presented by law (R.I.G.L. 7- 16-66(b80) its subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001668223 2. Exact Name of the Limited Liability Company 7 WAPAN LLC 3. State of Formation State: RI ARTICLE III Entry the six digit NAICS Code that best describes the primary business conducted by the entity. Dowr the list of codes here, More information on NAICS can be found online. 531390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Isla REAL ESTATE OWNERSHIP 5. Principal Office Address No. and Street: 1 KENSETT LANE City or Town: DARIEN State: CT Zip: 06820 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 1 KENSETT LANE City or Town: DARIEN State: CT Zip: 06820 Country: USA				Fee: \$50.00	
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Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Court MANAGER JANE R KEARNS 1 KENSETT LANE	No. and Street: <u>1 KE</u>	ENSETT LANE			
DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Court MANAGER JANE R KEARNS 1 KENSETT LANE	City or Town: DAF	<u>KIEN</u> State: <u>CI</u>	Zip: <u>06820</u> C	ountry: <u>USA</u>	
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MANAGER JANE R KEARNS 1 KENSETT LANE	Title				
DARIEN, CT 06820 USA	MANAGER		1 KENSE	TT LANE	
			DARIEN, CT 06	820 USA	

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 5 Day of October, 2020 at 1:20:49 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 JANE R. KEARNS Signature of Authorized Person

Form No. 632 Revised 09/07

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