	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>001336182</u>			
2. Exact Name of the Limited Liability Company Ten Rod WJ 1, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
the list of codes here. Mor	Code that best describes the primary e information on <u>NAICS</u> can be found	-	e entity. Download
<u>531190</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	in Rhode Island
REAL ESTATE			
5. Principal Office Addre	SS		
No. and Street:20 NEVCity or Town:RUMF	VMAN AVENUE, SUITE 1005 ORD	State: <u>RI</u> Zip: <u>0291</u>	6 Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact Pers	son:
	<u>P. KANE</u> Contact Title: VMAN AVENUE, SUITE 1005	State: <u>RI</u> zip: <u>0291</u>	6 Country: USA
7. Name and Address of	Each Manager of the Limited Liab		
DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address, City or Town, Stat	
O. RESIDENT AGENT IN I	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JEAN A. HARRINGTON, ESQ. 321 SOUTH MAIN STREET, 4TH FLOOR PROVIDENCE, RI 02903

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

Signed this 21 Day of October, 2020 at 4:13:31 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 <u>COLIN P. KANE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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