



State of Rhode Island
Department of State - Business Services Division

FILED

OCT 26 2020

FILE

Annual Report for the year: 2020
 Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

BY 13009 OCT 26 2020
 BY

1. Entity ID Number <u>001699458</u>		2. Exact name of the Limited Liability Company <u>46 WILDWOOD LLC</u>			
3. NAICS Code <u>236118</u>		4. Brief description of the character of business conducted in Rhode Island <u>PURCHASE, RENOVATION AND RESALE OF HOUSES</u>			
5. State of Formation <u>RHODE ISLAND</u>					
6. Principal Office Address <u>237 NEW MEADOW ROAD</u>		City <u>BARRINGTON</u>		State <u>RI</u>	Zip <u>02806</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>PAUL T. PRINDIVILLE</u>			Contact Title		
Street Address <u>237 NEW MEADOW ROAD</u>		City <u>BARRINGTON</u>		State <u>RI</u>	Zip <u>02806</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u> </u>		Manager Name			
Street Address <u> </u>		Street Address			
City <u> </u>		State <u> </u>	Zip <u> </u>	City <u> </u>	State <u> </u>
Manager Name <u> </u>		Manager Name			
Street Address <u> </u>		Street Address			
City <u> </u>		State <u> </u>	Zip <u> </u>	City <u> </u>	State <u> </u>
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <u>PAUL T. PRINDIVILLE</u>				Date <u>10-21-20</u>	
Signature of Authorized Person <u>[Signature]</u>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov