| To the second se | of State - Bus                        |  |   |                 |                        |
|--|---------------------------------------|--|---|-----------------|------------------------|
| Annual Report for the year: 2020  Limited Liability Company  → Filing period: September 1 - November 1  → Filing Fee: \$50.00  |                                       |  |   | OCT 2 6 2020    |                        |
|  |                                       |  |   |                 |                        |
| 1. Entity ID Number<br>128985  |                                       | Exact name of the Limited Liability Company     Wickford Landings, LLC |   |                 | ()                     |
| 3. NAICS Code 531120 5. State of Formation Rhode Island  |                                       | cription of the cha<br>and management                                  | racter of business conducted in of real estate. | Rhode Island    |                        |
| 6. Principal Office Address<br>201 Essex Road  |                                       |  | City<br>North Kingstown                         | State<br>RI     | Zip<br>02852           |
| 7. Mailing Address of Limite   |                                       | ny and Name or Ti  |   |                 |                        |
| Contact Name Daniel A. Di Saia   |                                       |  | Contact Title Manager                           |                 |                        |
| Street Address 201 Essex Road  |                                       |  | City North Kingstown                            | State RI        | Zip 02852              |
| 8. List ALL managers (nam  | es and addresses                      | ) of the Limited Lia   | bility Company, IF APPLICABLI                   | E - DO NOT LIST | MEMBERS                |
| Manager Name Daniel A. Di  | Saia                                  |  | Manager Name                                    |                 |                        |
| Street Address 201 Essex Road  |                                       |  | Street Address                                  |                 |                        |
| <sup>C-ty</sup> North Kingstown  | State RI                              | Zip 02852  | City  | State           | Zip                    |
| Manager Name   |                                       |  | Manager Name                                    |                 |                        |
| Street Address   |                                       |  | Street Address                                  |                 |                        |
| City \   | State                                 | Zip  | City  | State           | Zip                    |
|  |                                       |  |   |                 | indicate an attachment |
|  |                                       |  | Department of State is accurat                  |                 |                        |
| Under penalty of perjury, I<br>statements, and that all st   | declare and affir<br>atements contain | m that I have exa<br>led herein are tru                                | mined this report, including a                  | nny accompanyin | g schedules and        |

## MAIL TO:

**Division of Business Services** 

Name of Authorized Person

Signature of Authorized Person

Daniel A. Di Sala

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov Date

October 7 2020