

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILE IS CAPAR
NOV 0 2 2020
× 232304

1. Entity ID Number	2. Exact name of	2. Exact name of the Limited Liability Company				
001665314	WP Master Tenant LLC					
	WE MASTEL TENANT LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531120						
5. State of Formation	Lessors of Nonresidential Buildings					
RI						
<u> </u>		<u> </u>		<del>,</del>		
6. Principal Office Address			City	State	Zip	
c/o WP Management Corportation 475 Valley Street			Providence	RI	02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Peter A. Mello			Contact Title Managing Director			
Street Address c/o WaterFire Pro	ovidence 475 Va	illey Street	City Providence	State RI	Zip 02908	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name WP Management Corporation			Manager Name			
Street Address 475 Valley Street			Street Address			
City Providence	State RI	<sup>Zip</sup> 02908	City	State	Zip	
Manager Name	•		Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Check the box to indicate an attachment						
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
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.						
Name of Authorized Person				Date		
Peter A. Mello				10/28/20		
Signature of Authorized Person						
Oignature of Authorized Existin						

## MAIL TO:

**Division of Business Services** 

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

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