State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 DEC -9 AM 11:21

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
129850	336 WSR, LLC		
3. NAICS Code: 531110	4. Brief description of the character of business conducted in Rhode Island: to own and manage real estate		
5. State of Formation: RI			
6. Principal Office Address: PO Box 255	City: Manville	State: RI	Zip: 02838
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Judith Clynes	Contact Title: Member		
Street Address: PO Box 255	City: Manville	State: RI	Zip: 02836
8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name: N/A	Manager Name: N/A		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name: N/A	Manager Name: N/A		
Street Address	Street Address		
City / State / Zip	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: Judith Clynes	Date: 12/7/20		
Signature of Authorized Person: Judith Clynes			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED M
DEC 09 2020
BY CM DMNTZ
11:21

FORM 632 - Revised: 03/2020