



State of Rhode Island
Department of State - Business Services Division

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 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 <u>129850</u>		2. Exact name of the Limited Liability Company <u>336 WSR, LLC</u>			
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>to own and manage REAL ESTATE</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>PO Box 255</u>		City <u>MANVILLE</u>	State <u>RI</u>	Zip <u>02838</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>JUDITH CLYNES</u>			Contact Title <u>MEMBER</u>		
Street Address <u>PO Box 255</u>		City <u>MANVILLE</u>	State <u>RI</u>	Zip <u>02836</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>N/A</u>		Manager Name <u>N/A</u>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name <u>N/A</u>		Manager Name <u>N/A</u>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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.					
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 <u>JUDITH CLYNES</u>				Date <u>12/7/20</u>	
Signature of Authorized Person <u>Judith Clynès</u>					

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

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