



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUN 21 PM 2:05Annual Report for the year: 2019
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 155163		2. Exact name of the Limited Liability Company Wells Family LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island LLC owns and hold residential real estate property			
5. State of Formation CT					
6. Principal Office Address 104 Compo Road S		City Westport		State CT	Zip 06880
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name David Wells			Contact Title		
Street Address 5870 Ranch View Road			City Oceanside	State CA	Zip 92057
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Jean Wells			Manager Name		
Street Address 104 Compo Road S			Street Address		
City Westport	State CT	Zip 06880	City	State	Zip
Manager Name			Manager Name		
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 David Wells				Date 06/18/2021	
Signature of Authorized Person <i>David Wells</i>					

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

JUN 21 2021

BY *TEFQT*

FORM 632 - Revised: 08/2020