



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

FILED

SEP 07 2021

BY 4060 DS 2021

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2021

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|                                                                                                                                                                              |       |                                                                                                                               |      |                    |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------|------|--------------------|---------------------|
| 1. Entity ID No.<br><b>143953</b>                                                                                                                                            |       | 2. Exact name of the limited liability company<br><b>Walmor Realty, LLC</b>                                                   |      |                    |                     |
| 3. State of Formation<br><b>RI</b>                                                                                                                                           |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Management</b><br><b>531390</b> |      |                    |                     |
| 5. Principal office address<br><b>67 Shannon Drive</b>                                                                                                                       |       | City<br><b>Warwick</b>                                                                                                        |      | State<br><b>RI</b> | Zip<br><b>02889</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                         |       |                                                                                                                               |      |                    |                     |
| Contact Name<br><b>John Walrond</b>                                                                                                                                          |       | Contact Title<br><b>Member</b>                                                                                                |      |                    |                     |
| Street Address<br><b>67 Shannon Drive</b>                                                                                                                                    |       | City<br><b>Warwick</b>                                                                                                        |      | State<br><b>RI</b> | Zip<br><b>02889</b> |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                               |      |                    |                     |
| Manager Name                                                                                                                                                                 |       | Manager Name                                                                                                                  |      |                    |                     |
| Street Address                                                                                                                                                               |       | Street Address                                                                                                                |      |                    |                     |
| City                                                                                                                                                                         | State | Zip                                                                                                                           | City | State              | Zip                 |
| Manager Name                                                                                                                                                                 |       | Manager Name                                                                                                                  |      |                    |                     |
| Street Address                                                                                                                                                               |       | Street Address                                                                                                                |      |                    |                     |
| City                                                                                                                                                                         | State | Zip                                                                                                                           | City | State              | Zip                 |
| 8. RESIDENT AGENT IN RHODE ISLAND                                                                                                                                            |       |                                                                                                                               |      |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                            |       |                                                                                                                               |      |                    |                     |

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*John Walrond*  
Signature of Authorized Person

9/1/21  
Date

**John Walrond, Member**

Print or Type Name of Authorized Person