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2021 SEP 17 PM 3: 46

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				
000696226	109-111 WOLCOTT AVE LLC				
000030220					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531190	RENTAL REAL ESTATE				
5. State of Formation	1				
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
15 BRIDGHAM FARM ROAD			RUMFORS	RI	02916
7. Mailing Address of Limited Lia	bility Compan	y and Name or Tit			
Contact Name NABIL KHOURY			Contact Title MEMBER		
Street Address 15 BRIDGHAM FARM			City ROAD	State RI	^{Zip} 02916
8. List ALL managers (names and addresses) of the Limited Liability Company, 1F APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NABIL KHOURY			Manager Name		
Street Address 15 BRIDGHAM FARM ROAD			Street Address		
^{City} RUMFORD	State RI	Zip 02916	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	L			Check the box to i	ndicate 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					1
NABIL Khoury				9/	17/2021
Signature of Authorized Person					

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 <

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BY CM HTCR3

FORM 632 - Revised: 08/2020