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State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV

2021 SEP 17 PM 3: 46

Annual 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 000696226	Exact name of the Limited Liability Company 109-111 WOLCOTT AVE LLC				
3. NAICS Code 531190	Brief description of the character of business conducted in Rhode Island RENTAL REAL ESTATE				
5. State of Formation RHODE ISLAND					
6. Principal Office Address 15 BRIDGHAM FARM ROAD			City RUMFORS	State RI	Zip 02916
7. Mailing Address of Limited Li	ability Compan	y and Name or Tit	le of Contact Person		
Contact Name NABIL KHOURY			Contact Title MEMBER		
Street Address 15 BRIDGHAM FARM			City ROAD	State RI	^{Zlp} 02916
8. List ALL managers (names a	ınd addresses)	of the Limited Lia	bility Company, IF APPLIC	ABLE - DO NOT LIST I	MEMBERS
Manager Name NABIL KHOURY			Manager Name		
Street Address 15 BRIDGHAM FARM ROAD			Street Address		
City RUMFORD	State RI	^{Zip} 02916	City	State	ZJp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u></u>			Check the box to i	ndicate an attachment
9. The Resident Agent informat	ion currently of	record with the R	I Department of State is a		
Under penalty of perjury, I de statements, and that all state	clare and affir	m that I have ext	amined this report, Inclu		
Name of Authorized Person NAS IL Khoury				Date 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.rl.gov

FILED SEP 17 2021

BY CUHTC