



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

**FILED**Annual Report for the year: 2021

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.

SEP 21 2021  
BY 9051  
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|                                                                                                                                                                                                             |                 |                                                                                                                |                                        |                        |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><b>140170</b>                                                                                                                                                                        |                 | 2. Exact name of the Limited Liability Company<br><b>Wilma Properties, LLC</b>                                 |                                        |                        |                     |
| 3. NAICS Code<br><b>531311</b>                                                                                                                                                                              |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>Sell and own real estate</b> |                                        |                        |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |                 |                                                                                                                |                                        |                        |                     |
| 6. Principal Office Address<br><b>40 Quail Hollow Road</b>                                                                                                                                                  |                 |                                                                                                                | City<br><b>Cranston</b>                | State<br><b>RI</b>     | Zip<br><b>02920</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person:                                                                                                                        |                 |                                                                                                                |                                        |                        |                     |
| Contact Name <b>Andrew Wilkes</b>                                                                                                                                                                           |                 |                                                                                                                | Contact Title <b>Operating Manager</b> |                        |                     |
| Street Address <b>40 Quail Hollow Road</b>                                                                                                                                                                  |                 |                                                                                                                | City <b>Cranston</b>                   | State <b>RI</b>        | Zip <b>02920</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                                |                                        |                        |                     |
| Manager Name <b>Andrew Wilkes</b>                                                                                                                                                                           |                 |                                                                                                                | Manager Name                           |                        |                     |
| Street Address <b>40 Quail Hollow Road</b>                                                                                                                                                                  |                 |                                                                                                                | Street Address                         |                        |                     |
| City <b>Cranston</b>                                                                                                                                                                                        | State <b>RI</b> | Zip <b>02920</b>                                                                                               | City                                   | State                  | Zip                 |
| Manager Name                                                                                                                                                                                                |                 |                                                                                                                | Manager Name                           |                        |                     |
| Street Address                                                                                                                                                                                              |                 |                                                                                                                | Street Address                         |                        |                     |
| City                                                                                                                                                                                                        | State           | Zip                                                                                                            | City                                   | State                  | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                 |                                                                                                                |                                        |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                 |                                                                                                                |                                        |                        |                     |
| <b>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.</b> |                 |                                                                                                                |                                        |                        |                     |
| Name of Authorized Person<br><b>Andrew Wilkes</b>                                                                                                                                                           |                 |                                                                                                                |                                        | Date<br><b>9-16-21</b> |                     |
| Signature of Authorized Person<br><i>Andrew Wilkes</i>                                                                                                                                                      |                 |                                                                                                                |                                        |                        |                     |

**MAIL TO:**

Division of Business Services

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