Department of State - Business Services Division					
Annual Report for the y Limited Liability Compa → Filing period: September	ear: 2)2/		OCT 182	
→ Filing Fee: \$50.00				BY(((
→ Penalty: Additional \$25.00	fee if form is no	t filed by Decen	nber 1.		
1. Entity ID Number	2. Exact name of	of the Limited Lia	bility Company		
001671877	WJR Holdings LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531120					
5. State of Formation Real Estate Holding					
RI	(,		
6. Principal Office Address City State Zip					
2550 New London lumpike			East Greenw	ich RI	02818
7. Mailing Address of Limited Lia	bility Company a	nd Name or Title	of Contact Person		
Contact Name William J. Ross			Contact Title President		
Street Address New London Turnpike			City East Greenwin	State	02818
8. List ALL managers (names a	nd addresses) of	the Limited Liabi	lity Company, IF APPLICABL	E - DO NOT LIST M	EMBERS
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
			-	Check the box to in	dicate 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

MAIL TO:

Division of Business Services

Signature of Authorized Person

State of Rhode Island

148 W. River Street, Providence, Rhode Island 02904-2615

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov