RI SOS Filing Number: 202105111410 Date: 11/15/2021 4:00:00 PM

| State of Rhode Island Department of State - B | Business Services Division | |
|--|----------------------------|--|
| Annual Report for the year: 20 Limited Liability Company | | |
| → Filing period: September 1 - Nove → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if for | | |

| 1. Entity ID Number 000486936 | | 2. Exect name of the Limited Liability Company WTI. REALTY, LI.C | | | | | |
|---|--------------------------|--|---------------------------------|------------------------|-----------------------|--|--|
| 3. NAICS Code 531390 | 4. Brief de Purchase, | Brief description of the character of business conducted in Rhode Island Purchase, own, lease, develop, operate, manage and sell real property | | | | | |
| 5. State of Formation RI | | | | | | | |
| 6. Principal Office Address 3 LaFazia Drive | | | City Johnston | State RI | Zip 02919 | | |
| 7. Mailing Address of Limited L | Liability Compa | any and Name o | r Title of Contact Person | | | | |
| Contact Name Wayne T. Lenahan | | | Contact Title Member | Contact Title Member | | | |
| Street Address 3 LaFazia Drive | | | City Johnston | State RI | ^{Zip} 02919 | | |
| 8. List ALL managers (names | and addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | | |
| Manager Name N/A | | | Manager Name | | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| | | | | Check the box to i | ndicate an attachment | | |
| 9. The Resident Agent informa | tion currently (| of record with the | RI Department of State is acc | urate. Changes require | e filing Form 642. | | |
| Under penalty of perjury, I de statements, and that all state | eclare and affi | irm that I have e | examined this report, including | ng any accompanyin | g schedules and | | |
| Name of Authorized Person | | <u> </u> | | Date / | | | |
| Wayne T. Lenahan | | | | | 3/21 | | |
| Signature of Authorized Person | (men) | ber) | | | | | |

MAIL TO:

Division of Business Services

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

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

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