

Annual Report for the year: ____ 2023 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STATE

FEB 2 1 2023 &

1. Entity ID Number 1742587	2. Exact name of the Limited Liability Company WRRD LLC			
3. NAICS Code 5. State of Formation RI	Brief description of the character of business conducted in Rhode Island small property owner / renter			
6. Principal Office Address		City	State	Zip
18 C Tamarac Drive		Greenville	RI	2828
	J Liability Company and Name of	r Title of Contact Person	<u>_</u>	
Contact Name Robert DArpino		Contact Title partner		
Streel Address 18 C Tamarac Drive		City Greenville	State R1	Z ₁ p 2828
8. The Resident Agent inform	nation currently of record with the	RI Department of State is acc	urate. Changes requir	e filing Form 642
Under penalty of perjury, i statements, and that all st	declare and affirm that I have atements contained herein are	examined this report, includir true and correct.	ng any accompanyin	g schedules and
Name of Authorized Person			Date	
Robert DArpino			02/14/2023	
Signature of Authorized Per	son			

MAIL TO:

Division of Business Services

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

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