State of Prode Island Fee: \$3000 Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Company Annual Report Feing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(kc), each limited liability company failing or refusing to file its annual report within thirty (30 days after the time prescribed by law (R.I.G.I. 7-16-66(kc)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2023 In DNO. 000576302 2. Exact Name of the Limited Liability Company WG LINCOLN PLACE SH, LLC 3. State of Formation State: DE ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 531190 ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 531190 State: S00 NORTH HURSTBOURNE PARKWAY SUITE 200 City or Town: LOUISVILLE State: KY Zip: 40222 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Country: USA			T + ** 0.00	
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2023 1. ID No. 000576302 2. Exact Name of the Limited Liability Company WG LINCOLN PLACE SH, LLC 3. State of Formation State: DE ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. S331190 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE OPERATOR SUITE 200 City or Town: LOUISVILLE State: KY Zip: 40222Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contors: DON NORTH HURSTBOURNE PARKWAY		State of Rhode Island Office of the Secretary of Sta	Fee: \$50.00 te	
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	No. and Street:			
	City or Town:		Zip: <u>40222</u> Country: <u>USA</u>	

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 27 Day of March, 2023 at 11:29:13 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DANA J. BAKER, SECRETARY

Signature of Authorized Person

Form No. 632 Revised 09/07

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