



State of Rhode Island

Department of State - Business Services Division

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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.

1. Entity ID Number <u>001688882</u>		2. Exact name of the Limited Liability Company <u>WOLFRUN ESTATES LLC</u>	
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE HOLDINGS COMPANY</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>30 CARLSON COVE</u>		City <u>WEYMOUTH</u>	State <u>MA</u>
		Zip <u>02189</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>MILO WOLFRUN</u>		Contact Title <u>OWNER</u>	
Street Address <u>30 CARLSON COVE</u>		City <u>WEYMOUTH</u>	State <u>MA</u>
		Zip <u>02189</u>	
8. 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 statements, and that all statements contained herein are true and correct.			
Name of Authorized Person <u>MILO WOLFRUN</u>		Date <u>3/28/23</u>	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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