	State of F Office of the S	Rhode Island Secretary of S	itate	Fee: \$50
		Business Service	es	
		River Street		
	Providence	RI 02904-2615		
7636	(401)	222-3040		
Limited Liability	y Company			
Annual Report Filing Period: Feb	ruary 1 - May 1			
refusing to file its	h R.I.G.L. 7-16-66(d), each limitec annual report within thirty (30) da -66(b&c)) is subject to a penalty fe	ys after the time		
ANNUAL REPOR	T YEAR - ENTER THE CURRENT	YEAR <b>2024</b> : <u>20</u>	)24	
1. ID No. <u>000</u>	)150442			
2. Exact Name of	of the Limited Liability Company	WIRSA, LLC		
3. State of Form	ation			
State: <u>RI</u>				
	NAICS	CODE		
•	t NAICS Code that best describes t of codes <u>here.</u> More information			
<u>531120</u>				
4. Brief Descript Island	ion of the Character of the Busin	ess Which is Ac	tually Conduc	cted in Rhode
	ion of the Character of the Busin	ess Which is Ac	tually Conduc	cted in Rhode
Island		ess Which is Ac	tually Conduc	cted in Rhode
Island <u>REAL ESTATE</u>	ce Address 250 WAMPANOAG TRAIL	ess Which is Ac	tually Conduc	cted in Rhode
Island <u>REAL ESTATE</u> 5. Principal Offic	ce Address	ess Which is Ac		
Island <u>REAL ESTATE</u> 5. Principal Office No. and Street: City or Town:	ce Address <u>250 WAMPANOAG TRAIL</u> <u>STE 102</u>	State: <u>RI</u>	Zip: <u>02915</u>	Country: <u>USA</u>
Island <u>REAL ESTATE</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre	ce Address 250 WAMPANOAG TRAIL STE 102 RIVERSIDE	State: <u>RI</u> and Name or Tit	Zip: <u>02915</u>	Country: <u>USA</u>
Island <u>REAL ESTATE</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre	ce Address <u>250 WAMPANOAG TRAIL</u> <u>STE 102</u> <u>RIVERSIDE</u> ss of Limited Liability Company a	State: <u>RI</u> and Name or Tit	Zip: <u>02915</u>	Country: <u>USA</u>
Island <u>REAL ESTATE</u> 5. Principal Office No. and Street: City or Town: 6. Mailing Addre Contact Name:	ce Address          250 WAMPANOAG TRAIL         STE 102         RIVERSIDE         ss of Limited Liability Company a         MUHAMMAD YASIN Contact Title	State: <u>RI</u> and Name or Tit	Zip: <u>02915</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

KISHWAR YASIN 250 WAMPANOAG TRAIL, SUITE 102 EAST PROVIDENCE , RI 02915

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

**Signed this 9 Day of February, 2024 at 3:18:52 PM 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 MUHAMMAD YASIN

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved