

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2024 **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.

| Entity ID Number                              | 2. Exact name of the Limite                                        | 2. Exact name of the Limited Liability Company                                                      |                |                                 |  |
|-----------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------|---------------------------------|--|
| 001712005                                     | WEC 99J-73 LLC                                                     |                                                                                                     |                |                                 |  |
| 3. NAICS Code<br>53 11 2 0                    | <b>'</b>                                                           | Brief description of the character of business conducted in Rhode Island     Real Estate Investment |                |                                 |  |
| 5. State of Formation                         |                                                                    |                                                                                                     |                |                                 |  |
| Delaware                                      |                                                                    |                                                                                                     |                |                                 |  |
| 6. Principal Office Address                   | l .                                                                | City                                                                                                | State          | Zip                             |  |
| 31920 Del Obispo, Suite 260                   |                                                                    | San Juan Capistrano                                                                                 | CA             | 92675                           |  |
| 7. Mailing Address of Limited                 | Liability Company and Name or                                      | r Title of Contact Person                                                                           |                |                                 |  |
| Contact Name Sam Parsa                        |                                                                    | Contact Title Treasurer                                                                             |                |                                 |  |
| Street Address<br>31920 Del Obispo, Suite 260 |                                                                    | City<br>San Juan Capistrand                                                                         | State CA       | <sup>Z<sub>ip</sub></sup> 92675 |  |
| 8. The Resident Agent inform                  | nation currently of record with the                                | e RI Department of State is accurate. C                                                             | hanges require | e filing Form 642.              |  |
|                                               | , I declare and affirm that I hav<br>Itements contained herein are | e examined this report, including ar true and correct.                                              | ny accompany   | ing schedules and               |  |
| Name of Authorized Person                     |                                                                    |                                                                                                     | Date           |                                 |  |
| Sam Parsa                                     |                                                                    | 2-13-2024                                                                                           |                |                                 |  |
| Signature of Authorized Pers                  | on Jon Pinu                                                        |                                                                                                     |                |                                 |  |

## MAIL TO:

**Division of Business Services** 

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