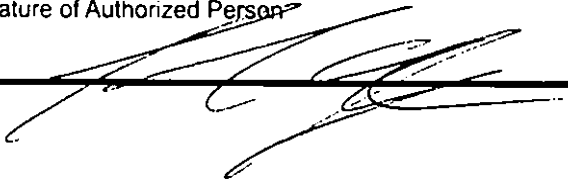


**State of Rhode Island  
Department of State - Business Services Division****Annual Report for the year:** 2024  
**Limited Liability Company**

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED****APR 10 2024****BY** 1242 DS

|                                                                                                                                                                                                                |  |                                                                                                                                  |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>001665860</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>WWAM PROPERTIES, LLC</b>                                                    |                    |
| 3. NAICS Code<br><b>531111</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE MANAGEMENT AND HOLDING COMPANY</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                                                  |                    |
| 6. Principal Office Address<br><b>401 PUTNAM PIKE</b>                                                                                                                                                          |  | City<br><b>GLOCESTER</b>                                                                                                         | State<br><b>RI</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02829</b>                                                                                                              |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                  |                    |
| Contact Name<br><b>ANDRE MENDES</b>                                                                                                                                                                            |  | Contact Title<br><b>VICE PRESIDENT</b>                                                                                           |                    |
| Street Address<br><b>401 PUTNAM PIKE</b>                                                                                                                                                                       |  | City<br><b>GLOCESTER</b>                                                                                                         | State<br><b>RI</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02829</b>                                                                                                              |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                                                  |                    |
| 9. <i>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.</i> |  |                                                                                                                                  |                    |
| Name of Authorized Person<br><b>ANDRE MENDES</b>                                                                                                                                                               |  | Date<br><b>4/2/24</b>                                                                                                            |                    |
| Signature of Authorized Person<br>                                                                                          |  |                                                                                                                                  |                    |

**MAIL TO:****Division of Business Services**

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

**Phone:** (401) 222-3040**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)