

## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:	2016	
imited 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.

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1. Entity ID Number	2 Exact name of the Limite	ad Liability Company					
99155	2. Exact name of the Limited Liability Company WALL STREET EXPLORATION CO LLC						
33100	AAVER OLIVERLE	-XI EQNATION OO					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
211120	INVESTMENT						
5. State of Formation							
RI							
6. Principal Office Address		City	State	Zip			
75 FOSTER CENTER	RD	FOSTER	RI	02825			
7. Mailing Address of Limited	Liability Company and Name o	r Title of Contact Person					
Contact Name CHARLES SHADOIAN		Contact Title MEMBER					
Stree: Address SAME		City	State	Zıp			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.							
9. 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 Date							
CHARLES J. SHADOIAN, JR. 2/7/25							
Signature of Authorized Pers	Reslocarts -		7				
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MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov