State of Rho	ode Island Fee: \$50.00
Office of the Sec	-
Division Of Bus	
Providence RI	
<b>1636</b> (401) 222	2-3040
Limited Liability Company	
Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or	
refusing to file its annual report within thirty (30) days after the time prescribed by	
law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2023	
1. ID No. <u>001733363</u>	
2. Exact Name of the Limited Liability Company Willoughby Lake House, LLC	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>531390</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
THE OWNERSHIP OF REAL ESTATE AND ANY AND ALL OTHER LAWFUL BUSINESS.	
5. Principal Office Address	
No. and Street: <u>86 FALCON RIDGE DRIVE</u>	
City or Town: <u>EXETER</u>	State: <u>RI</u> Zip: <u>02822</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: KIMBERLY OBRIEN Contact Title:	
No. and Street: <u>86 FALCON RIDGE DRIVE</u>	State: DI zin, 02822 Country, LISA
City or Town: <u>EXETER</u>	State: <u>RI</u> Zip: <u>02822</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	
KIMBERLY OBRIEN <u>86 FALCON RIDGE DRIVE EXETER</u> , <u>RI 02822</u>	

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

Signed this 8 Day of February, 2023 at 10:19:41 AM 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 KIMBERLY OBRIEN

Signature of Authorized Person

Form No. 632 Revised 09/07

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