State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

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.

1. ID No.	2. Exact name of the limited liability company
136551	WEINER WORKS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Real Estate development and management

5. Principal office address	City	State	Zip
56 Chestnut Hill Avenue	Cranston	Rhode Island	02920

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Eric Weiner	Member

Street Address	City	State	Zip
same as above			

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
ERIC WEINER	Not applicable
Street Address: 56 CHESTNUT HILL AVENUE	Street Address
City: CRANSTON / State: RI / Zip: 02920	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
Anthony R. Leone, II	

Address	City	Zip
1345 Jefferson Blvd.	Warwick	02886

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

136551

FILED
File Date JAN 18 2008
Check No. A119P765
By:
FOR SECRETARY OF STATE USE ONLY

2007 OCT 31 PM 12:18
SECRETARY OF STATE
CORPORATIONS DIV
RECEIVED

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.

Eric Weiner 10/31/07
Signature of Authorized Person *Date*

Eric Weiner
Print or Type Name of Authorized Person

Form 632 Rev. 07/07