



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 2009

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. <u>125546</u>		2. Exact name of the limited liability company <u>W & E International, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>International sales Distribution of PVC products</u>			
5. Principal office address <u>25 Lauren St.</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Qing shui</u>			Contact Title <u>president</u>		
Street Address <u>25 Lauren St.</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	
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) <input type="checkbox"/>					
Manager Name <u>Qing shui</u>			Manager Name		
Street Address <u>25 Lauren St.</u>		Street Address			
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	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		
Address		City	Zip		

FILED

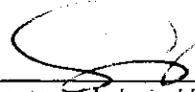
OCT 15 2009

By 101362

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

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.


 Signature of Authorized Person _____ Date 10/15/09
QING SHUI
 Print or Type Name of Authorized Person

File Date _____
 Check No. _____
 By: _____
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