



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 525663		2. Exact name of the limited liability company W Food Group LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Operating company responsible for payment of restaurant expenses, payroll, etc.			
5. Principal office address 218 Ocean Avenue		City New Shoreham	State RI	Zip 02807	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Adam Wronowski		Contact Title Manager			
Street Address 2 Ferry Street		City New London	State CT	Zip 06320	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Adam Wronowski		Manager Name Jessica Wronowski			
Street Address 2 Ferry Street		Street Address 2 Ferry Street			
City New London	State CT	Zip 06320	City New London	State CT	Zip 06320
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

SEP 20 2012

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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

Jessica Wronowski
Print or Type Name of Authorized Person