



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 2013

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. 138066		2. Exact name of the limited liability company Wenham Enterprises, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Jewelry	
5. Principal office address 800 Waterman Avenue		City East Providence	State RI
		Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name RODERICK H. LICHTENFELS Contact Title			
Street Address 800 Waterman Avenue		City East Providence	State RI
		Zip 02914	
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	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 JOSEPH F. WHINERY, JR., ESQ.		Address CAMERON & MITTLEMAN LLP	
Address 301 PROMENADE STREET		City PROVIDENCE	Zip 02908

2014 FEB 6 PM 12:39
SECRETARY OF STATE
CORPORATIONS DIV

FILED
FEB 06 2014 12:39 pm
By 216659
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).
JCM

138066

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 Roderick H. Lichtenfels Date 2/3/14
Print or Type Name of Authorized Person
Roderick H. Lichtenfels

File Date _____
Check No. _____
By: _____
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