



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 **2013**

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.

2014 SEP -3 AM 10:29
 CORPORATIONS DIV

1. Entity ID No. 000505792		2. Exact name of the limited liability company WE LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island GASOLINE SALES AND VEHICLE REPAIR			
5. Principal office address 211 BELLMAN AVENUE		City WARWICK	State RI	Zip 02889	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name WISSAM FARHAT		Contact Title OWNER			
Street Address 211 BELLMAN AVENUE		City WARWICK	State RI	Zip 02889	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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.					

2014 AUG 12 AM 9:57
 SECRETARY OF STATE
 CORPORATIONS DIV

10:30 AM
FILED

SEP 03 2014

By 231478
 KM


File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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 _____
Wissam Farhat
 Print or Type Name of Authorized Person