



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000127266		2. Exact name of the Corporation WL ENTERPRISES, INC.		
3. Principal office address 400 PUTNAM PIKE STE K		City SMITHFIELD	State RI	Zip 02917
4. Business Phone No. (401) 233-0888		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island RESTAURANT				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name XIU LUAN LIN		Vice-President Name TAN PING WANG		
Street Address 400 PUTNAM PIKE STE K		Street Address 400 PUTNAM PIKE STE K		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name XIU LUAN LIN		Director Name TAN PING WANG		
Street Address 400 PUTNAM PIKE STE K		Street Address 400 PUTNAM PIKE STE K		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
		NUMBER OF SHARES 10 shares	CLASS/SERIES common	PAR VALUE NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date: _____
 Check No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

9:00 AM
FILED
JUN 03 2015
250086

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.

X
 Signature of Authorized Representative
XIU LUAN LIN
 Print or Type Name of Authorized Representative

5/26/15
 Date

KLU