



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Nellie M. Gorbea, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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. 790823		2. Exact name of the limited liability company WED COVENTRY FIVE, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Any ancillary purposes, and all other lawful purposes.			
5. Principal office address 3760 Quaker Lane		City North Kingstown	State RI	Zip 02852	
Contact Name Mark P. DePasquale		Contact Title Manager			
Street Address 3760 Quaker Lane		City North Kingstown	State RI	Zip 02852	
Manager Name Mark P. DePasquale		Manager Name			
Street Address 3760 Quaker Lane		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.

FILED

OCT 08 2015

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

BY 4007

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.

 10/6/15
Signature of Authorized Person Date

Mark P. DePasquale, Manager

Print or Type Name of Authorized Person

File Date	_____
Check No.	_____
By	_____

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