s s		e Island and Pi ce of the Secre	rovidence Plant tary of State	ations Fee: \$50.0
HOPE		Division Of Busine 148 W. River Providence RI 02 (401) 222-3	Street 904-2615	
Limited Liability Com Annual Report Filing Period: September 1				
n accordance with R.I.G.L. o file its annual report with 16-66(b&c)) is subject to a	in thirty (30) days	s after the time pres		
ANNUAL REPORT YEAR:	<u>2017</u>			
1. ID No. <u>001335660</u>	<u>)</u>			
2. Exact Name of the Li	mited Liability	Company <u>WHY</u>	LLC	
3. State of Formation				
State: <u>RI</u>				
		ARTICLE III		
Using the following NAICS	codes, please s	select the code that	best describes your	business.
NAICS Code	<i>,</i> 1		, 	
NAICS Code				<u>6 541613</u>
4. Brief Description of th	e Character of t	the Business Whi	ch is Actually Conc	lucted in Rhode Island
MARKETING				
5. Principal Office Addre	SS			
-	77 PECK ST REHOBETH	State: <u>RI</u>	Zip: <u>02769</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability (Company and Nan	ne or Title of Conta	act Person:
	^{Title:} <u>' PECK ST</u> EHOBOTH	State: MA	Zip: 02769	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager			- <u> </u>
	Individual Name		Address	
Title	Indivi	uuai name		

EDWARD M. AVARISTA 240 CHESTNUT STREET WARWICK , RI 02888

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

Signed this 23 Day of March, 2017 at 4:28:25 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By BRIAN JOSEPH QUAGLIA II

Signature of Authorized Person

Form No. 632 Revised 09/07

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