nnual Report for the y imited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	i ny 1 - Novembe	er 1	nber 1.		R.I. DEPT. OF STATE O	
I. Entity ID Number 1665465	2. Exact nar ER WIRELE	ne of the Limited Li	ability Company		36 E	
3. NAICS Code 14-45 - Retail Trade 5. State of Formation RI	4 Brief desc	Sell p	ter of business conducted in the second seco	Rhode Island bull pou	meut	
6. Principal Office Address 634 PLAINFIELD ST			City PROVIDENCE	State RI	Z _{IP} 02909	
7. Mailing Address of Limited Li	ability Compar	ny and Name or Titl	e of Contact Person			
Contact Name WILFREDO RIVE			Contact Title OWNER			
Street Address 634 PLAINFIELD ST			City PROVIDENCE	State RI	^{Zıp} 02909	
8. List ALL managers (names a	and addresses) of the Limited Liat		LE - DO NOT LIST	MEMBERS	
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	
 				Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isl	and. This infor	nation is currently of re	ecord with the Department of Sta	te. Changes require fil	ing Form 642.	
Under penalty of perjury, I do statements, and that all state	eclare and aff ements conta	irm that I have exa ined herein are tru	amined this report, including te and correct.	g any accompanyi	ng schedules and	
. SIATements, and that all State	Name of Authorized Person Wilfredo Pivera.				Date 09/01/2017	

MAIL TO:

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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