



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2017
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1

1. Entity ID Number <u>000151204</u>		2. Exact name of the Limited Liability Company <u>W.E.B. Real Estate, LLC</u>	
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate Rental & Leasing</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>1300 Mendon Rd.</u>		City <u>Cumberland</u>	State <u>RI</u> Zip <u>02864</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>CARMELO C. THERIEN</u>		Contact Title <u>Owner</u>	
Street Address <u>1300 Mendon Rd</u>		City <u>Cumberland</u>	State <u>RI</u> Zip <u>02864</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>SAME</u>		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Check the box to indicate an attachment ☐			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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.			
Name of Authorized Person <u>CARMELO C. THERIEN</u>		Date <u>10-16-17</u>	
Signature of Authorized Person <u>Carmel C. Therien</u>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

OCT 23 2017

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FORM 632 - Revised: 08/2017