° °	itate of Rhode Island and Pro Office of the Secreta		e: \$50.00
	Division Of Business	Services	
148 W. River Street Providence RI 02904-2615			
HOPE	(401) 222-304		
imited Liability Com	nonu		
Limited Liability Com Annual Report	ipally		
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability com		
o file its annual report with 16-66(b&c)) is subject to a	in thirty (30) days after the time presc penalty fee of \$25.00.	ribed by law (R.I.G.L. 7-	
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>00167333</u>	2		
2. Exact Name of the Li	mited Liability Company <u>WED Sh</u>	un III, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Enter the eight digit NALCO	Onde that bast describes the primary	husiness conducted by the optime Dow	
	e information on <u>NAICS</u> can be found	business conducted by the entity. Dow online.	nioad
221115			
221115			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Isla	and
ANY LAWFUL BUSIN	ESS		
5. Principal Office Addre	SS		
No. and Street: <u>376</u>	0 QUAKER LANE		
City or Town: <u>NO</u>	RTH KINGSTOWN State	: <u>RI</u> Zip: <u>02852</u> Country: <u>US</u>	<u>A</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
Contact Name: MARK D	DEPASQUALE Contact Title:		
No. and Street: 376	QUAKER LANE		_
City or Town: NOF	RTH KINGSTOWN State:	<u>RI</u> Zip: <u>02852</u> Country: <u>US</u>	<u>A</u>
7. Name and Address of DO NOT LIST MEMBE	^E Each Manager of the Limited Liab RS	ility Company, if Applicable.	
Title	Individual Name	Address	
i ilie	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Cou	untry
MANAGER	MARK DEPASQUALE	3760 QUAKER LANE NORTH KINGSTOWN, RI 02852 UNI	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ORSON AND BRUSINI LTD. 144 WAYLAND AVENUE PROVIDENCE, RI 02906

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

Signed this 17 Day of September, 2018 at 1:39:37 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 MARK DEPASQUALE

Signature of Authorized Person

Form No. 632 Revised 09/07

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