



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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2018 SEP 17 AM 10:59

Annual Report for the year: 2018  
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<br><u>1659470</u>  |       | 2. Exact name of the Limited Liability Company<br><u>Wade Wilson LLC</u>                       |                                 |                        |                     |
| 3. NAICS Code<br><u>561720</u>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Cleaning</u> |                                 |                        |                     |
| 5. State of Formation<br><u>RI</u>   |       |  |                                 |                        |                     |
| 6. Principal Office Address<br><u>73 Mowry St.</u>   |       |  | City<br><u>Providence</u>       | State<br><u>RI</u>     | Zip<br><u>02908</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |  |                                 |                        |                     |
| Contact Name<br><u>Wade Wilson LLC</u>   |       |  | Contact Title<br><u>Manager</u> |                        |                     |
| Street Address<br><u>73 Mowry St.</u>  |       |  | City<br><u>Providence</u>       | State<br><u>RI</u>     | Zip<br><u>02908</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - 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 <input type="checkbox"/>   |       |  |                                 |                        |                     |
| 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<br><u>Wade Wilson</u>  |       |  |                                 | Date<br><u>9/17/18</u> |                     |
| Signature of Authorized Person<br><u>Wade Wilson</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

SEP 17 2018

BY 92ESF