

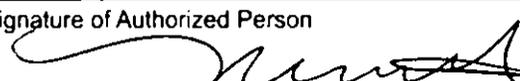


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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**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><b>910639</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>WIBEN LLC</b>                                    |                                |                           |     |
| 3. NAICS Code<br>236118                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>Residential Remodelers |                                |                           |     |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |       |                                                                                                       |                                |                           |     |
| 6. Principal Office Address<br>36 Brattle Street                                                                                                                                                            |       | City<br>Providence                                                                                    | State<br>RI                    | Zip<br>02907              |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                       |                                |                           |     |
| Contact Name <b>Israel Grave</b>                                                                                                                                                                            |       |                                                                                                       | Contact Title <b>President</b> |                           |     |
| Street Address <b>36 Brattle Street</b>                                                                                                                                                                     |       | City <b>Providence</b>                                                                                | State <b>RI</b>                | Zip <b>02907</b>          |     |
| 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.                                                                   |       |                                                                                                       |                                |                           |     |
| <b>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.</b> |       |                                                                                                       |                                |                           |     |
| Name of Authorized Person<br><b>Wendy M Grave</b>                                                                                                                                                           |       |                                                                                                       |                                | Date<br><b>12/21/2018</b> |     |
| Signature of Authorized Person<br>                                                                                        |       | SIGN DOCUMENT HERE                                                                                    |                                |                           |     |

**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**

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