



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

Annual Report for the year: 2020  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2020 JAN 31 AM 10:49

1. Entity ID Number <u>1680243</u>		2. Exact name of the Corporation <u>Wendy INC.</u>	
3. Principal Office Address <u>69 Montomery St. STE 5</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	
4. NAICS Code <u>423.990</u>		6. Brief description of the character of business conducted in Rhode Island <u>Wholesale selling of imported products.</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Tarek Charafeddine</u>		Vice-President Name	
Street Address <u>270 Waterman St. Unit D</u>		Street Address	
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02906</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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 Representative <u>Tarek Charafeddine</u>		Date <u>01/31/2020</u>	
Signature of Authorized Representative <u>[Signature]</u>			

FILED

JAN 31 2020

BY CA D56EZ

10:51 FORM 630 - Revised: 02/2017