



**State of Rhode Island  
Office of the Secretary of State**

**No Fee**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 001670620

**2. Exact Name of the Limited Liability Company** WED Shun I, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

221115

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

RENEWABLE ENERGY

**5. Principal Office Address**

No. and Street: C/O QUINCY MUTUAL FIRE INSURANCE COMPANY  
57 WASHINGTON STREET

City or Town: QUINCY

State: MA Zip: 02169 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: JOSEPH B. WHITE ESQ. Contact Title:

No. and Street: C/O QUINCY MUTUAL FIRE INSURANCE COMPANY  
57 WASHINGTON STREET

City or Town: QUINCY

State: MA Zip: 02169 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

| Title   | Individual Name             | Address                                           |
|---------|-----------------------------|---------------------------------------------------|
|         | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country   |
| MANAGER | GREEN DEVELOPMENT, LLC      | 3760 QUAKER LANE<br>NORTH KINGSTOWN, RI 02852 USA |

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

ROBINSON & COLE LLP ONE FINANCIAL PLAZA 14TH FLOOR PROVIDENCE , RI 02903

**Signed this 5 Day of November, 2020 at 4:25:54 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 JOSEPH B. WHITE, ESQ.  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

November 05, 2020 04:24 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

