State of Rhode Island
Department of State - Business Services Division

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2021 FEB 12 P 2:21

Annual Report for the year: 2019
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	2. Exact name of the Limited Liability Company		
000764522	WIRI TELE SERVICES LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
454110	RETAIL CELL PHONE		
5. State of Formation			
RI			
6. Principal Office Address	City	State	Zip
500 BROAD STREET UNIT 8A	PROVIDENCE	RI	02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name CARLOS SANCHEZ	Contact Title OWNER		
Street Address 500 BROAD STREET	City PROVIDENCE	State RI	Zip 02907

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 ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. 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	Date
CARLOS SANCHEZ	02/10/2021
Signature of Authorized Person	

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
FEB 12 2021
BY CR BP26A
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