



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV.

2021 JUN 21 P 12:43

1. Entity ID Number <u>001680243</u>		2. Exact name of the Corporation <u>Wendy, Inc</u>	
3. Principal Office Address <u>69 Montgomery St. Suite 5</u>		City <u>Pawtucket</u>	State <u>RI</u>
4. NAICS Code <u>923990</u>		6. Brief description of the character of business conducted in Rhode Island <u>Wholesale goods</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Tarek Charafeddine</u>		Vice-President Name	
Street Address <u>270 Waterman St. Unit D</u>		Street Address	
City <u>Providence</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) Check the box to indicate an attachment ☐			
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>N/A</u>
			PAR VALUE <u>N/A</u>
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>06/21/2021</u>	
Signature of Authorized Representative 		FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY 960N3340 FORM 630 - Revised: 08/2020