-				
		of Rhode Islan he Secretary o		Fee: \$50.00
	Division	Of Business Ser	vices	
	148	8 W. River Street		
		ence RI 02904-2	615	
1636	(4	401) 222-3040		
Limited Liabilit Annual Report Filing Period: Fel				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPO	RT YEAR: <u>2023</u>			
1. ID No. <u>001739636</u>				
2. Exact Name of the Limited Liability Company Wicked Werks LLC				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>811121</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
VINTAGE AUTOMOTIVE REPAIR AND RESTORATION.				
5. Principal Off	ice Address			
No. and Street:	<u>73 JULIAN STREET</u> <u>APT. 1</u>			
City or Town:	PROVIDENCE	State: <u>RI</u>	Zip: <u>02909</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: No. and Street:	Contact Title: <u>73 JULIAN STREET</u> <u>APT 1</u>			
City or Town:	PROVIDENCE	State: <u>RI</u>	Zip: <u>02909</u>	Country: <u>USA</u>

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

REGISTERED AGENTS INC. 47 WOOD AVE. STE 2 BARRINGTON , RI 02806

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 1 Day of March, 2023 at 1:55:44 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 TAYLOR DONABEDIAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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