



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**MAR 10 2023 STAMP**  
 BY 022403  
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**Annual Report for the year: 2023**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>16663</b>		2. Exact name of the Corporation <b>WEN, INC.</b>			
3. Principal Office Address <del>631 Main Street</del> <b>58 Greenwich Blvd</b>		City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>524210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Insurance agency.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Roberta M. Gardiner</b>			Vice President Name <b>Roberta M. Gardiner</b>		
Street Address <b>58 Greenwich Boulevard</b>			Street Address <b>58 Greenwich Boulevard</b>		
City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	
State <b>RI</b>		Zip <b>02818</b>		State <b>RI</b>	
City <b>East Greenwich</b>		Zip <b>02818</b>		City <b>East Greenwich</b>	
Secretary Name <b>Roberta M. Gardiner</b>			Treasurer Name <b>Roberta M. Gardiner</b>		
Street Address <b>58 Greenwich Boulevard</b>			Street Address <b>58 Greenwich Boulevard</b>		
City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	
State <b>RI</b>		Zip <b>02818</b>		State <b>RI</b>	
City <b>East Greenwich</b>		Zip <b>02818</b>		City <b>East Greenwich</b>	
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	City	
State		Zip		State	
City		Zip		City	
9. Shares Authorized <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.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no 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.					
<b>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.</b>					
Name of Authorized Representative <b>Roberta M. Gardiner</b>				Date <b>2/28/23</b>	
Signature of Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.n.gov