



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

MAR 10 2023 STAMP

Corporation

BY 022403 OS

- 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 16663		2. Exact name of the Corporation WEN, INC.			
3. Principal Office Address <del>631 Main Street</del> 58 Greenwich Blvd		City East Greenwich		State RI	Zip 02818
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Insurance agency.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Roberta M. Gardiner			Vice President Name Roberta M. Gardiner		
Street Address 58 Greenwich Boulevard			Street Address 58 Greenwich Boulevard		
City East Greenwich		State RI	Zip 02818	City East Greenwich	
State RI		Zip 02818		State RI	
Zip 02818		City East Greenwich			
Secretary Name Roberta M. Gardiner			Treasurer Name Roberta M. Gardiner		
Street Address 58 Greenwich Boulevard			Street Address 58 Greenwich Boulevard		
City East Greenwich		State RI	Zip 02818	City East Greenwich	
State RI		Zip 02818		State RI	
Zip 02818		City East Greenwich			
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	
Zip		City			
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
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 Roberta M. Gardiner					Date 2/28/23
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.ri.gov