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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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C'D RIDG 827 Pt.1 S	
REC'D RIDUS 850 '24 FEB 27 Pt 12:07:44	

1. Entity ID Number	Number 2. Exact name of the Limited Liability Company					
000790823	WED COVENTRY FIVE, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
221115	WIND ENERGY					
5. State of Formation						
RI						
6. Principal Office Address		City	State	Zip		
230 PARK AVENUE SUITE 1560		NEW YORK	NY	10169		
7. Mailing Address of Limite	d Liability Company and Name or T	itle of Contact Person	<u></u>			
Contact Name KENNETH THOMAS		Contact Title Manager				
Street Address 230 P.	ARK AVENUE SUITE 1560	City NEW YORK	State NY	Zip 10169		
8. The Resident Agent inform	mation currently of record with the F	RI Department of State is accurate	. Changes require	filing Form 642.		
	y, I declare and affirm that I have atements contained herein are tr	, .	any accompanyi	ng schedules and		
Name of Authorized Person Claude Vuillieme			Date 2/23/2024			
Signature of Authorized Per	son Claude Vullieme		•			

FILED

FEB 27 2024

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov