



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

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Annual Report for the year:
Limited Liability Company

2022

- 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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|--|--|--|--------------------|
| 1. Entity ID Number 001708211 | | 2. Exact name of the Limited Liability Company W.R. WHOLESALE DISTRIBUTOR LLC | |
| 3. NAICS Code 424410 | | 4. Brief description of the character of business conducted in Rhode Island DISTRIBUTION OF PRODUCTS | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 159 SUMTER STREET FL 1 | | City PROVIDENCE | State RI |
| Zip 02907 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name WILLIAN ROBLES LEONARDO | | Contact Title OWNER | |
| Street Address 159 SUMTER STREET FL 1 | | City PROVIDENCE | State RI |
| Zip 02907 | | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| 9. <i>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.</i> | | | |
| Name of Authorized Person WILLIAN ROBLES LEONARDO | | Date 4/18/2024 | |
| Signature of Authorized Person <i>Willian Robles</i> | | | |

FILED
 APR 26 2024 10:23
 BY IRYGR
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov