-			
	State of Rhod Office of the Secre		Fee: \$50.00
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
1636	(401) 222-3	040	
Limited Liability Annual Report Filing Period: Febru			
refusing to file its ar	R.I.G.L. 7-16-66(d), each limited liabil nnual report within thirty (30) days afte 6(b&c)) is subject to a penalty fee of \$	r the time prescribed	by
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024			
1. ID No. <u>000792467</u>			
2. Exact Name of the Limited Liability Company <u>WAGDCO, LLC</u>			
3. State of Formation			
State: <u>DE</u>			
NAICS CODE			
-	IAICS Code that best describes the pr f codes <u>here.</u> More information on <u>NA</u>	•	
<u>621999</u>			
4. Brief Descriptio Island MEDICAL DISC	n of the Character of the Business W DUNT PLAN	hich is Actually Cond	ducted in Rhode
5. Principal Office			
No. and Street:	108 WILMOT ROAD		
City or Town:	DEERFIELD Stat	e: <u>IL</u> Zip: <u>60015</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Co	ontact Title:		
No. and Street:	108 WILMOT ROAD		
City or Town:		: <u>IL</u> Zip: <u>60015</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			
CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI			

<u>02888</u>

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

Signed this 30 Day of April, 2024 at 9:47:34 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 JOSEPH B. AMSBARY, JR. Signature of Authorized Person

Form No. 632 Revised 09/07

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