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State of Rhode Island Department of State Rusiness Services Division							
Department of State - Business Services Division Annual Report for the year:						RIDGS	
Corporation 2025						ស្លាំស្ល	
→ Filing period: February 1	- May 1					ij G	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00) fee if form is no	t filed by May 31.					
1. Entity ID Number	2. Exact name	of the Corporation			-		
001726899	Well	Wolldwolf ConfAN: 55 City State Zip					
3 Principal Office Address	Λ.	Λ ,		City		- Zip 029F	
141 SHOW	PAS	P.K.F		hUSKN,	八人	02-19	
4. NAICS Code	6. Brief descri	16. Bhet description of the character of dusiness conducted in knode island					
42390		Weddards Licensing of ENGINEER FUELS					
5. State of Incorporation	FOR PROCESSING, DISTRIBUTION AND CONSUMPTED.						
7. List ALL officers (names and a	ddresses)		Mag Proci		box to indicate	an attachment 🔲	
President Name WARK HAWF'US				Vice-President Name			
Street Address 141 Show P. LE			Street Address				
ICity .	State 05	State 27 Zip 02919		City		Zip	
TohwsTow Secretary Name	7	0217	Treasurer	Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and	addresses)	l_ <u></u>		Check the	box to indicate	an attachment	
Director Name WANKS HAWS WS				Director Name			
Street Address [M] Show P. LZ			Street Address				
City	State 1	Zip	City		State	Zip	
TELUSTON	RL	Zip 29/9	Disperson No.				
Director Name	Director Name						
Street Address			Street Address				
City	State	Zip	City		State	Zip	
		10. Shares Issu	1	Check the	box to indicate	an attachment	
9. Shares Authorized This information is currently of record in the		NUMBER OF		CLASS/SERI		PAR VALUE	
Department of State.		850		CWP		2.0100	
Changes require an additional filling.							
11. This report must be executed	on behalf of the o	corporation by an au	thorized rep	resentative. If the corp	oration is in the	e hands of a re-	
ceiver or trustee, this report must Under penalty of perjury, I decl	be executed on t are and affirm th	penalt of the corpora lat I have examined	this repor	t, <u>inc</u> luding any acco.	mpanying sch	edules and	
statements, and that all statem	ents contained l	nerein are true and	correct.	FILED	Date		
Name of Authorized Representative MAY N 2025 Date 5-1-2025						1-2025	
Signature of Authorized Represer	flative					0-00	
A A	/		2+	m90			
MAIL TO:	<u>/</u>		(1) (1) (1) (1) (1) (1)	VV)		
Division of Business Services	da laland 88884 88	• E	34	7 , , ,	•		
148 W. River Street, Providence, Rhod Phone: (401) 222-3040	ge (siand 02904-26)	ıo			EQD14.0	30 Paulinest 10/0000	
Website: www.sos.ri.gov					FORM 6	30- Revised: 12/2023	