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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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1. Entity ID Number	2. Exact name of the Limited Liability Company						
001664891	WY Group LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island Construction and remodeling in yeal estate						
531180	Construct	on and rem	oderin	g ca			
5. State of Formation	good pela	le	_				
RI	75000		<u>, </u>	,			
6. Principal Office Address		City	State	Zip			
P.O. Box	e 41664	Prosidence	RI	02940			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name		Contact Title					
Sam Wang		Partener					
Street Address	Box 4,664	Providence		02940			
8. The Resident Agent information currently of record with the Rt Department of State is accurate. Changes require filing Form 642.							
9. 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.							
Name of Authorized Person			Date 9/19/25				
Signature of Authorized Person		7		7			

*SEP 19 2025;
BY NVK1A

MAIL TO:

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

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