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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 Lia	bility Company		-		
001664891	WY Grove	o LLC				
3. NAICS Code	4. Brief description of the charge	ter of business conducted in Rho	de Island			
531180	Construct	ter of business conducted in Rhod on and rem te	oderen	g an		
5. State of Formation	real esta	le				
RI .						
6. Principal Office Address		City	State	Zíp		
P.O. Box	41664	Prosidence	121	02740		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Sam Wang		Portener				
Street Address	Box 4,664	Providence	State Z	21029X0		
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	Word		Date 9	19/25		
Signature of Authorized Person		7				

SEP 19 2025 AND BY NV KM

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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