Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Imited Liability Company Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-						
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a ponalty fee of \$25.00. ANNUAL REPORT YEAR: 2012 1. ID No. 000091548 2 2 1. ID No. 000091548 2 2 1. ID No. 000091548 2 2. Exact Name of the Limited Liability Company WI Holding, LL.C. 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island INSURANCE 5. Principal Office Address No. and Street: 1350 DIVISION ROAD SUITE 303 Contact Title: No. and Street: 20 BOX 810 Country: USA A Mail address of Each Manager of the Limited Liability Company, if Applicable.	RALPH MOILE			IS Fee: \$50.0		
(401) 222-3040 Imited Liability Company Manual Report "Imited Liability Company Particle September 1 - November 1 in accordance with RJ GL 7-76-66(0) each limited liability company failing or refusing of the its annual report with thrty (50) days after the time prescribed by law (R.I.G.L. 7- 6-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2012 1. ID No. 000091548 2. Exact Name of the Limited Liability Company WI Holding, L.L.C. 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island INSURANCE 5. Principal Office Address No. and Street: 1350 DIVISION ROAD SUITE 303 City or Town: Chailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: No and Street: DO DX 310 City or Town: Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: City or Town: EAST GREENWICH State: RI Zip: 02818-0810 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address, City or Town, State, Zip Code, Country MANAGER WILLIAM G PRESTON U	148 W. River Street					
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MANAGER BRADFORD J. PRESTON 1350 DIVISION ROAD WEST WARWICK, RI 02893 USA	MANAGER					
WEST WARWICK, RI 02893 USA	MANAGER	BRADFORD J. PRESTON				
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		1350 DIVISION ROAD, WEST WAR				

<u>RI 02818-</u>

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

Signed this 16 Day of November, 2012 at 8:29:47 AM 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 <u>WILLIAM G. PRESTON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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