



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 135514		2. Exact name of the limited liability company WESTMINSTER-SMITH FAMILY TRUST, L.L.C.			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT INCOME			
5. Principal office address 2210 N. TRINIDAD ST.		City FALLS CHURCH	State VA	Zip 22043	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KEITH C. & NINA B. SMITH			Contact Title		
Street Address 2210 N. TRINIDAD ST.		City FALLS CHURCH	State VA	Zip 22043	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-		

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

FILED	
File Date	5941 OCT 01 2007
Check No.	5941
By:	By MNC
FOR SECRETARY OF STATE USE ONLY	

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.

Nina B Smith 9/27/07
Signature of Authorized Person Date
NINA B. SMITH
Print or Type Name of Authorized Person