



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 2008

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. 131832		2. Exact name of the limited liability company WESTMINSTER INVESTMENT ASSOCIATES LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT			
5. Principal office address c/o Blue Fin Capital, 10 Weybosset Street, Suite 302			City Providence	State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND CONTACT INFORMATION					
Contact Name Guido R. Salvatore			Contact Title Registered Agent		
Street Address 10 Weybosset Street, Suite 303			City Providence	State RI	Zip 02903
7. NAME AND ADDRESS OF MANAGER					
Manager Name Dr. Clark A. Sammartino			Manager Name		
Street Address c/o Blue Fin Capital, 10 Weybosset Street, Suite 302			Street Address		
City Providence	State RI	Zip 02903	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. Change requires filing of Form 632 - R.I.G.L. 7-16-11					
Agent Name Guido R. Salvatore			Address		
Address 10 Weybosset Street, Suite 303			City Providence	Zip 02903	

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

File Date: 5/1/09
Check No: A 3604723
By: P 3608580
MNC

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.

Signature of Authorized Person: Clark A. Sammartino
Date: 4-16-09
Print or Type Name of Authorized Person: Clark A. Sammartino