



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 2009

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. 87979		2. Exact name of the limited liability company West Bourne Associates, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate holding	
5. Principal office address Andrew J. Matteo		City 1 Matteo Dr	State NO. PROV. RI Zip 02904
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jenene Hess		Contact Title CO-MANAGER	
Street Address P.O. Box 113481		City NO. PROV.	State RI Zip 02911
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) <input type="checkbox"/>			
Manager Name Jenene Hess		Manager Name Andrew J. Matteo	
Street Address 12 Matteo Drive		Street Address 1 Matteo Drive	
City NO. PROV.	State RI Zip 02904	City NO. PROV.	State RI Zip 02904
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Jenene Hess		Address 313 Putnam Pike	
Address P.O. Box 113481		City NO. PROV.	Zip 02904

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STATE

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

FILED

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By Jmm

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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 Andrew J. Matteo Date 9-18-09

Print or Type Name of Authorized Person Andrew J. Matteo

File Date _____
Check No. _____
By: _____

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