



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 2010

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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. <b>000159029</b>		2. Exact name of the limited liability company <b>Westerly Blues LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE INVESTMENT</b>			
5. Principal office address <b>28 Tom Harvey Road</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891 USA</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>John Faulise</b>		Contact Title <b>Manager</b>			
Street Address <b>28 Tom Harvey Road</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891 USA</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>John Faulise</b>		Manager Name <b>William T. Vogt, Jr.</b>			
Street Address <b>28 Tom Harvey Road</b>		Street Address <b>800 North Shoreline Blvd., South Tower, Suite 2550</b>			
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891 USA</b>	City <b>Corpus Christi</b>	State <b>TX</b>	Zip <b>78401 USA</b>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

000159029

File Date <b>FILED</b>
Check No. <b>SEP 02 2010</b>
By: <b>By [Signature]</b>
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.

**John Faulise** 9-1-2010  
Signature of Authorized Person Date  
**John Faulise**  
Print or Type Name of Authorized Person