

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

<ol> <li>Entity ID No.</li> </ol>	2. Exact nar	2. Exact name of the limited liability company					
129678	Western	Western Industrial Management, LLC					
123010							
3. State of Formation	<b>I</b>	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real Est	ate Management					
5. Principal office address 90 Bay State Road	1		City Wakefield	State MA	Zip 01880		
	LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:	78.00		
Contact Name Charles E. Knopf, J.	r., Trustee		Contact Title	,			
Street Address 90 Bay State Road			City Wakefield	State MA	Zip <b>01880</b>		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD MENT)	RESSES) OF THE LI	MITED LIABILITY COMPANY, I	FAPPLICABLE - DO	NOT ST MEMBERS		
Manager Name Charles E. Knopf, Jr., Trustee			Manager Name				
Street Address 90 Bay State Road	<b>U</b>		Street Address	****	,		
City Wakefield	State MA	Zip 01880	City	State	Zip		
Manager Name			Manager Name				
Street Address		, <u>, , , , , , , , , , , , , , , , , , </u>	Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	27			The state of the s			
This information is curren	tly of record in the	e Office of the Secret	ary of State. Changes require	filing Form 642.			

File Date	FILED	Under penalty of perjury, I declare and affirm that I have exa	tements.
Check No.	NOV 0 8 2012	and that all stylements contained herein are true and correct	t.
By: 100	20/2	Signature of Authorized Person Da	te
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person	+

Form No. 632 Revised: 01/2012