



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 **2013**

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.

1. Entity ID No. 526478		2. Exact name of the limited liability company West Glocester LLC			
3. State of Formation Delaware		4. Brief description of the character of business conducted in Rhode Island To operate, develop, finance, acquire and manage real estate directly and indirectly			
5. Principal office address 270 Central Avenue		City Johnson	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kevin T. Gammons		Contact Title Chief Legal Officer			
Street Address 225 Wyman Street		City Waltham	State MA	Zip 02451	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Thomas M. Dusel		Manager Name			
Street Address 225 Wyman Street		Street Address			
City Waltham	State MA	Zip 02451	City	State	Zip
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 Form 642.					

FILED

SEP 09 2013

By *[Signature]*
 CR #85602

File Date _____

Check No _____

By: _____

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 hereof are true and correct.

[Signature] 8/29/2013
 Signature of Authorized Person Date

Kevin T. Gammons

Print or Type Name of Authorized Person