



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. 126320		2. Exact name of the limited liability company W/S Smithfield Associates OP LLC			
3. State of Formation Delaware		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. Principal office address 1330 Boylston Street, Suite 212		City Chestnut Hill	State MA	Zip 02467	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Deirdre A. Geoghegan		Contact Title Assistant Treasurer			
Street Address 1330 Boylston Street, Suite 212		City Chestnut Hill	State MA	Zip 02467	
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 W/S Smithfield Crossing, Inc.		Manager Name			
Street Address 1330 Boylston Street, Suite 212		Street Address			
City Chestnut Hill	State MA	Zip 02467	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 13 2013

By *mmc*
CA #030075

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 herein are true and correct.

Deirdre A. Geoghegan 09/13/2013
 Signature of Authorized Person Date

Deirdre A. Geoghegan, Assistant Treasurer
 Print or Type Name of Authorized Person