

## 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	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 <b>02467</b>	_	
6. MAILING ADDRESS OF LIMIT	ED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:		115	
Contact Name Deirdre A. Geoghegan			Contact Title Assistant Treasurer				
Street Address 1330 Boylston Street, Suite 212			City Chestnut Hill	State MA	Zip <b>02467</b>		
7. LIST <u>ALL</u> MANAGERS (NAMI ("X" BOX FOR ATTACHMENT		RESSES) OF THE LIF	WITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name W/S Smithfield Crossing, Inc.			Manager Name				
Street Address 1330 Boylston Street, Suite 212			Street Address				
City Chestnut Hill	State MA	Zip <b>02467</b>	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 Secreta	ary of State. Changes require	e filing Form 642.			

## FILED

SEP 1 3 2013

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Under   this rep		File Date	
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Print or			

inder penalty of perjury, i declare and	anirm that I have examined
his report, including any accompany	
nd that all statements contained her	ein are true and correct.
	08/13/2013
Signature of Authorized Person	Date

dre A. Geogliegan, Assistant Treasurer

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012