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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 2014

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.	2. Exact name of the limited liability company		
152442	WINDCREST, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	REAL ESTATE HOLDING		
5. Principal office address	City	State	Zip
2255 COMMODORE PERRY HWY	WAKEFIELD	RI	02879-3940

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
JONATHAN L. ELION	MANAGING PARTNER		
Street Address	City	State	Zip
2255 COMMODORE PERRY HWY	WAKEFIELD	RI	02879-3940

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 17 2014

BY 1036

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.

J. Elion — 09/16/2014

Signature of Authorized Person — Date

Jonathan L. Elion

Print or Type Name of Authorized Person

Form No. 632
Revised 01/2012
111105-12990166