

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

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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. 123869	2. Exact name of the limited liability company Windswept Holdings, LLC					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
RI	Real Est	Real Estate Holdings & Management				
5. Principal office address 11 Caswell Street			City Wakefield,	State RI	Zip 02879	
6. MAILING ADDRESS OF	LIMITED LIABILI	Y COMPANY AND	NAME OF TITLE OF CONTACT	ERSON:	ath is made to complete	
Contact Name Lise M. Iwon			Contact Title Member			
Street Address 11 Caswell Street			City Wakefield	State RI	Zip 02879	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND			rebriga lõpistengülüthiside		
This information is curren	itly of record in the	Office of the Sec	retary of State. Changes require	filing Form 642.		

FILED

OCT 2 1 2014

File Date ______
Check No ______

By: _____
FOR SECRETARY OF STATE USE ONLY

Lise M. Iwon

Print or Type Name of Authorized Person

Signature of Authorized Person

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,

Date

and that all statements contained herein are true and correct.

Form No. 632 Revised: 01/2012