

## 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. 116799		2. Exact name of the limited liability company Westerly Ventures, LLC				
3. State of Formation		Brief description of the character of business conducted in Rhode Island     Development of Real Estate				
Rhode Island						
5. Principal office address  1414 Atwood Avenue			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Alfred Carpionato			Contact Title  Member			
Street Address 1414 Atwood Avenue			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
7. LIST <u>ALL</u> MANAGERS ( "X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
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 R	HODE ISLAND	\				
This information is curren	ntly of record in th	e Office of the Sec	retary of State. Changes requir	e filing Form 642.		
		<del></del>				

FILED

NOV 03 2014

File Date Check No \_\_\_ FOR SECRETARY OF STATE USE ONLY

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 confect.

Afred Carpionato

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012