

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

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. 001658858	2. Exact name of the limited liability company West Hillston, LLC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island Residential Real Estate Rental					
RI						
5. Principal office address '33 Watch Hill Road			City Rhode Island	State CA	^{Zip} 02891	
S MAILING ADDRESS OF LI	MITED LIABILIT	Y COMPANY AND	NAME OF THE EOF COMPACT PER	SON:		
Contact Name Ronald Altieri			Contact Title Managing Member			
Street Address 2658 E. Florence Avenue			City Huntington Park	State CA	Zip 90255	
7. LIST ALL MANAGERS (N "X" BOX FOR ATTACHM	AMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO</u>	NOT LIST MEMBE	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address-			Street Address			
Ciţy	State	Zip	City	State	Zip	
8: RESIDENT AGENT IN RH	ODE ISLAND					
This information is currently	v of record in th	e Office of the Sec	retary of State. Changes require fili	ng Form 642.		

FI 50 MAR 21 2014 BY 2435 DS

File D	ate			
Check	No			
By:				
FOR S	ECRE	TARY OF	STATE U	SE ONLY

Form No. 632 Revised: 01/2012

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Under penalty	perjury, declare and affirm that I have examined ding any accompanying schedules and statements ments contained herein are true and correct.
this report, incl	ding any accompanying schedules and statements
and that all sta	ments contained herein are true and correct.
//////	1 11 16

Signature of Authorized Person

Date

Ronald Altier

Print or Type Name of Authorized Person