RI SOS Filing Number: 201603949400 Date: 08/22/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company
143611	**Westerly Hospital Energy Company LLC**
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
11/1/2004	**Non-regulated power producer**

5. Principal Office Address	City	State	Zip
25 Wells Street	**Westerly**	**RI**	**02891**

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
LMW Healthcare Inc., c/o Bruce Cummings	**President**		
Street Address **25 Wells Street**	City **Westerly**	State **RI**	Zip **02891**

7. List **ALL** managers (names and addresses) 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

Check the box to indicate an attachment ☐

8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.

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.

Name of Authorized Person	Date
Bruce D. Cummings	8/9/16

Signature of Authorized Person

FILED
AUG 22 2016
By 392958

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

141037-1-1105636

FORM 632 - Revised: 05/2016

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