



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 143611		2. Exact name of the Limited Liability Company Westerly Hospital Energy Company LLC					
3. State of Formation 11/1/2004		4. Brief description of the character of business conducted in Rhode Island Non-regulated power producer					
5. Principal Office Address 25 Wells Street				City Westerly		State RI	Zip 02891
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name LMW Healthcare Inc., c/o Bruce Cummings				Contact Title 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.							
<i>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.</i>							
Name of Authorized Person Bruce D. Cummings						Date 8/9/16	
Signature of Authorized Person 							

FILED

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

AUG 22 2016
By 392958
10