	State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual	Report for the year: 2016	
Limited	Liability Company	
	g period: September 1 - November 1 g 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 94139 WESTMED PROPERTIES, LLC 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE REAL ESTATE 53 - Real Estate and Rental a ▼ 5. State of Formation RHODE ISLAND 6. Principal Office Address City State Zip 50 WHITECAP DRIVE, SUITE 102 **NORTH KINGSTOWN** RI 02852 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name DOUGLAS B. RIGGS Contact Title State RI Street Address 50 WHITECAP DRIVE, SUITE 102 ^{Zip} 02852 City NORTH KINGSTOWN 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name DOUGLAS B. RIGGS Manager Name Street Address 50 WHITECAP DRIVE, SUITE 102 Street Address City State RI ^{Zip} 02852 State Żip ^{City} NORTH KINGSTOWN Manager Name Manager Name Street Address Street Address City State City Zip Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with 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 DOUGLAS B. RIGGS 09/27/2016

MAIL TO:

Division of Business Services

Signature of Authorized Person

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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