

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Annual Report for the year:

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

	T					
1. Entity ID Number 159820	Exact name of the Limited Liability Company Westlo Management, LLC					
3. NAICS Code						
	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental and	To own, operate, and lease real estate.					
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
46 Aborn Street, 4th Floor			Providence	RI	02903	
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person		•	
Contact Name Kimberly Haskins			Contact Title Controller			
Street Address 46 Aborn Street, 4th Floor			City Providence	State RI	^{Zip} 02903	
8. List ALL managers (names ar	nd addresses) o	f the Limited Liabi	lity Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Nam-			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 indica				ndicate an attachment	
9. Resident Agent in Rhode Islan	nd. This information	on is currently of rec	ord with the Department of Sta	ate. Changes require filin	g Form 642.	
Under penalty of perjury, I dec statements, and that all staten				ig any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Arnold B. Chace, Jr.				9/27/20	9/27/2016	
Signature of Authorized Person SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

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

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

OCT 04 2016

FORM 632 - Revised: 08/2016