

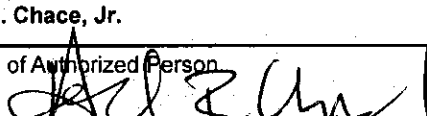


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

5100  
OFFICE OF THE  
ATTORNEY GENERAL  
- 3rd Floor -

**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<br><b>159820</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Westlo Management, LLC</b>                                               |      |                          |                     |
| 3. NAICS Code<br>53 - Real Estate and Rental and                                                                                                                                                            |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>To own, operate, and lease real estate.</b> |      |                          |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                                               |      |                          |                     |
| 6. Principal Office Address<br><b>46 Aborn Street, 4th Floor</b>                                                                                                                                            |       | City<br><b>Providence</b>                                                                                                     |      | State<br><b>RI</b>       | Zip<br><b>02903</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                               |      |                          |                     |
| Contact Name<br><b>Kimberly Haskins</b>                                                                                                                                                                     |       | Contact Title<br><b>Controller</b>                                                                                            |      |                          |                     |
| Street Address<br><b>46 Aborn Street, 4th Floor</b>                                                                                                                                                         |       | City<br><b>Providence</b>                                                                                                     |      | State<br><b>RI</b>       | Zip<br><b>02903</b> |
| 8. 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 <input type="checkbox"/>                                                                                                                                            |       |                                                                                                                               |      |                          |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                               |      |                          |                     |
| <b>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.</b> |       |                                                                                                                               |      |                          |                     |
| Name of Authorized Person<br><b>Arnold B. Chace, Jr.</b>                                                                                                                                                    |       |                                                                                                                               |      | Date<br><b>9/27/2016</b> |                     |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                                               |      | 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

By 872 A.A.