State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year:	
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.

2. Exact name of the Limited Liability Company 1. Entity ID Number West Hillston, LLC 4. Brief description of the character of business conducted in Rhode Island Real Estate Rental 5. State of Formation Rhode Island 6. Principal Office Address State Zip City 02891 Westerly RΙ 33 Watch Hill Rd 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Managing Member Contact Name Ronald Altieri State RI Zip 02891 Street Address 33 Watch Hill Road City Westerly 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 State Zip City State Zip City Manager Name Manager Name Street Address Street Address State Zip State Zip City 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 Signature of Authorized Per 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 0CT 03 2016 ASOO H. H