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	

→ Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company					
123869	Windswept Holdings, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental a	Real Estate Holdings and Management					
5. State of Formation	1					
RI						
6. Principal Office Address	•	· *	City	State	Zip	
11 Caswell Street	Street			RI	02879	
7. Mailing Address of Limited Lia	bility Compa	any and Name or	Title of Contact Person		<u>-</u>	
Contact Name Lise M. Iwon			Contact Title Owner	Contact Title Owner		
Street Address 11 Caswell Street			City Wakefield	State RI	^{Zip} 02879	
8. List ALL managers (names ar	nd addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name		Manager Name	Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	<u></u>			Check the box to	indicate an attachment	
9. Resident Agent in Rhode Islan	nd. This infor	nation is currently	of record with the Department of St	tate. Changes require fili	ng Form 642.	
Under penalty of perjury, I dec statements, and that all staten	lare and af	firm that I have ined herein are	examined this report, includi true and correct.	ng any accompanyir	ng schedules and	
Name of Authorized Person			Date			
Lise M. Iwon	M. Iwon			10 - 1	4-16	
Signature of Authorized Person	u W.V	Worsign	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 0 6 2016