	State of Rhode Island and Providence Plantations Fee: \$5 Office of the Secretary of State
	Division Of Business Services
	148 W. River Street
	Providence RI 02904-2615 (401) 222-3040
HOPE	(401) 222-3040
imited Liability C	ompany
Annual Report iling Period: Septembe	er 1 - November 1
	G.L. 7-16-66(d), each limited liability company failing or refusing within thirty (30) days after the time prescribed by law (R.I.G.L. 7-
6-66(b&c)) is subject t	o a penalty fee of \$25.00.
ANNUAL REPORT YE	AR: <u>2016</u>
1. ID No. <u>000143</u>	3317
2. Exact Name of the	e Limited Liability Company West Bay Partnership, LLC
3. State of Formatio	n
State: <u>RI</u>	
State: <u>RI</u>	
State: <u>RI</u>	ARTICLE III
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Using the following NA NAICS Code 4. Brief Description of REAL ESTATE DEV 5. Principal Office Ad No. and Street: City or Town:	AICS codes, please select the code that best describes your business.          6       81         of the Character of the Business Which is Actually Conducted in Rhode Island         VELOPMENT         Idress         P.O. BOX 722         EAST GREENWICH       State: RI       Zip: 02818       Country: USA
Using the following NA NAICS Code 4. Brief Description of REAL ESTATE DEV 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of	AICS codes, please select the code that best describes your business.          Image: State in the s
Using the following NA NAICS Code 4. Brief Description of REAL ESTATE DEV 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name: <u>ANN</u>	AICS codes, please select the code that best describes your business.          6       81         6       81         of the Character of the Business Which is Actually Conducted in Rhode Island         VELOPMENT         Idress         P.O. BOX 722       EAST GREENWICH         State: RI       Zip: 02818       Country: USA         f Limited Liability Company and Name or Title of Contact Person:         MARIE DASILVA Contact Title:       MEMBER
Using the following NA NAICS Code 4. Brief Description of REAL ESTATE DEV 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name: ANN No. and Street: F	AICS codes, please select the code that best describes your business.          Image: State in the s
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALFRED T. MARCIANO, CPA 18 IMPERIAL PLACE, SUITE 1G PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 11 Day of October, 2016 at 8:59:29 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>ANNMARIE DASILVA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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