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

1. Entity ID Number	2. Exact name	of the Limited Lial	bility Company				
861085	WHT MANAGEMENT, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
55 - Management of Companie	MANAGEMENT COMPANY						
5. State of Formation							
Ri							
6. Principal Office Address	City			State	Zip		
75 MILL STREET			NEWPORT	RI	02840		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name JEFFREY FARRAR Contact Title			Contact Title	ītle			
treet Address 75 MILL STREET City WORCESTER			State MA	^{Zip} 01609			
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	7:-	City	State	Zip		
Manager Name			Manager Name				
Street Address Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island	d. This information	is currently of reco	rd with the Department of State. Ch	nanges 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			Date	Date			
JEFFERY M. FARRAGE			9.28.2016				
Signature of Authorized Person HOUNENT 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 11 2016

By 34734 A.A.