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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 na	me of the Limited	Liability Company			
000160598	2. Exact name of the Limited Liability Company Grove Avenue Westerly, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53	Real Estate and Rental and Leasing					
5. State of Formation						
Rhode Island						
6. Principal Office Address	6. Principal Office Address			State	Zip	
442 Shannock Rde			Wakefield	RI	02879	
7. Mailing Address of Limited Lia	bility Compa	ny and Name or 1	Title of Contact Person		<u>-</u> -	
Contact Name Marc A. Lindman			Contact Title President			
Street Address 442 Shannock Rd			City Wakefield	State RI	^{Zip} 02879	
8. List ALL managers (names ar	nd addresses) of the Limited Li	ability Company, IF APPLICA	BLE - DO NOT LIS T I	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 in	dicate an attachment	
9. Resident Agent in Rhode Islan	d. This informa	ation is currently of	record with the Department of Sta	ite. Changes require filin	Form 642.	
Under penalty of perjury, I decistatements, and that all statem	lare and affil ents contain	m that I have ex ned herein are to	amined this report, including ue and correct.	g any accompanying	schedules and	
Name of Authorized Person	Date	Date				
Marc A. Lindman				12-19-2016		
Signature of Anthorized Person	Mn					

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Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 1: 56

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