## Department of State - Business Services Division

## Annual Report for the year: 20/7 **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.

Entity ID Number 2. Exact name of the Limited Liability Company					
000486507	WEST SHORE QUONSET, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
5311D	Comprescial Keal Estate				
5. State of Formation	William Georg Willy				
Rhode Island					
6. Principal Office Address			City	State	Zip
345 Channel View, Unit 105			Warwick	R.I.	02889
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Philip W. Noel			Contact Title Managing Member		
Street Address 345 Channel View, Unit 105			City Warwick	State R.I.	<sup>Zip</sup> 02889
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	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Žip
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				Date /	
Philip W. Noel				9/27/.	2017
Signature of Authorized Person  Think W. July SIGN DOOLEN HING MICK I					

**MAIL TO:** 

**Division of Business Services** 

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