RI SOS Filing Number: 201751827010 Date: 10/18/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

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 001664977		2. Exact name of the Limited Liability Company Winston Springer Capital Management, LLC				
3. NAICS Code 523930		Brief description of the character of business conducted in Rhode Island Investment Advice				
5. State of Formation RI						
6. Principal Office Address 6 Rise-N-Sun Drive			City Hope	State RI	Zip 02831	
7. Mailing Address of Limited	Liability Compa	ny and Name o	r Title of Contact Person			
Contact Name Colin Nagle			Contact Title Managin	Contact Title Managing Member		
Street Address 6 Rise-N-Sun Drive			City Hope	State RI	^{Zip} 02831	
8. List ALL managers (name	s and addresses) of the Limited	Liability Company, IF APPLIC	CABLE - DO NOT LIST N	IEMBERS	
Manager Name			Manager Name	Manager Name		
Street Addres-			Street Address	Street Address		
Cit-	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 in	dicate an attachment	
9. Resident Agent in Rhode I	sland. This inform	ation is currently	of record with the Department of	State. Changes require filin	g Form 642.	
Under penalty of perjury, I destatements, and that all sta			•	ding any accompanying	schedules and	
Name of Authorized Person				Date	Date	
Colin Nagle				10/16/2	10/16/2017	
Signature of Authorized Pers	on	\$IG:	4000U Ex 463			

FILED

MAIL TO:

*Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 1 8 2017

FORM 632 - Revised: 08/2017