	State of Rhode Island and Providence Plantations  Department of State - Business Services Division
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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 <b>523930</b>		Brief description of the character of business conducted in Rhode Island     Investment Advice				
5. State of Formation RI	1					
6. Principal Office Address 6 Rise-N-Sun Drive			City <b>Hope</b>	State RI	Zip <b>02831</b>	
					02001	
7. Mailing Address of Limited E	iability Compan	y and Name or				
Contact Name Colin Nagle			Contact Title Managin	Contact Title Managing Member		
Street Address 6 Rise-N-Sun Drive			City Hope	State RI	<sup>Zip</sup> 02831	
8. List ALL managers (names	and addresses)	of the Limited	Liability Company, IF APPLIC	CABLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Addres			Street Address	Street Address		
Cit-	State -	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address		<del> </del>	Street Address			
City	State	Zip	City	State	Zip	
			<u> </u>	Check the box to it	ndicate an attachment	
9. Resident Agent in Rhode Isl	and. This informa	ition is currently	of record with the Department of	State. Changes require filin	g Form 642.	
Under penalty of perjury, I destatements, and that all state				ding any accompanyin	g schedules and	
Name of Authorized Person					Date	
Colin Nagle					10/16/2017	
Signature of Authorized Perso	n	\$IG %	IDCIU EN HER			

## 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