



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.

**FILED**

NOV 16 2017

BY

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1. Entity ID Number <b>552029</b>		2. Exact name of the Limited Liability Company <b>Westlook Healthcare Partners, LLC</b>			
3. NAICS Code <b>621610</b>		4. Brief description of the character of business conducted in Rhode Island <b>To own an interest in a company that provides home care services.</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>1238 Drift Road</b>		City <b>Westport</b>	State <b>MA</b>	Zip <b>02790</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Brian A. Pontolillo</b>			Contact Title		
Street Address <b>1238 Drift Road</b>			City <b>Westport</b>	State <b>MA</b>	Zip <b>02790</b>
8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>					
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 indicate an attachment <input checked="" type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>Brian A. Pontolillo</b>				Date <b>11/11/17</b>	
Signature of Authorized Person 					

**MAIL TO:**

**Division of Business Services**  
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