RI SOS Filing Number: 201755216180 Date: 12/19/2017 4:00:00 PM

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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	

			<u> </u>			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
106183	WESTPORT PROPERTIES, LLC					
3. NAICS Code 531120	4. Brief description of the character of business conducted in Rhode Island					
63-REAL ESTATE	REAL ESTATE					
5. State of Formation	i,					
RI						
6. Principal Office Address			City	State	Zip	
20 NEWMAN AVENUE # 1311 EAST PROVIDENCE			RI	02916		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name CHRISTINE BARRY			Contact Title MANAGER			
Street Address 20 NEWMAN AVENUE # 1311			City EAST PROVIDENCE	State RI	^{Zip} 02916	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name CHRISTINE BARRY		Manager Name				
Street Address 20 NEWMAN AVENUE # 1311			Street Address			
City EAST PROVIDENCE	State RI	^{Zip} 02916	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
			Che	ck the box to indi	cate an attachment	
9. Resident Agent in Rhode Islan	id. This informatio	n is currently of rec	ord with the Department of State. Cha	nges require filing F	orm 642	
Under penalty of perjury, I dec statements, and that all staten			nined this report, including any and correct.	accompanying s	chedules and	
Name of Authorized Person				Date		
CHRISTINE BARRY				OCTOBER , 2017		
Signature of Authorized Person				•	<u> </u>	

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Barry

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

DEC 1 9 2017

FORM 632 - Revised: 08/2017