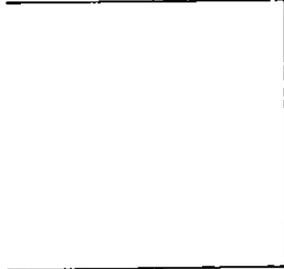




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



**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 <b>141349</b>		2. Exact name of the Limited Liability Company <b>Windhover Associates, LLC</b>			
3 NAICS Code <b>531311</b>		4 Brief description of the character of business conducted in Rhode Island <b>Mange Real Estate and Rentals</b>			
5 State of Formation <b>RI</b>					
6. Principal Office Address <b>Off Corn Neck Road</b>			City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Susan A. Smith</b>			Contact Title <b>Managing Member</b>		
Street Address <b>30 Potter Avenue</b>			City <b>Newton</b>	State <b>NJ</b>	Zip <b>07860</b>
8 List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Susan A. Smith</b>			Manager Name <b>Peter G. Smith</b>		
Street Address <b>30 Potter Avenue</b>			Street Address <b>1075 East 19th Street</b>		
City <b>Newton</b>	State <b>NJ</b>	Zip <b>07860</b>	City <b>Broomfield</b>	State <b>CO</b>	Zip <b>80020</b>
Manager Name <b>Jeffery W. Smith</b>			Manager Name <b>Stuart R. Smith</b>		
Street Address <b>160 Bagley Road</b>			Street Address <b>138 Proffitt Road</b>		
City <b>East Waterboro</b>	State <b>ME</b>	Zip <b>04030</b>	City <b>Centralia</b>	State <b>WA</b>	Zip <b>98531</b>
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <b>Jeffery W. SMith</b>				Date <b>2/13/2018</b>	
Signature of Authorized Person 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
**FEB 26 2018**  
 BY 1413 DS