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Annual Report for the year: 2018
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 94139	2. Exact name of the Limited Liability Company WESTMED PROPERTIES, LLC				
3. NAICS Code 531120	Brief description of the character of business conducted in Rhode Island REAL ESTATE				
5. State of Formation RHODE ISLAND					
6. Principal Office Address 50 WHITECAP DRIVE, SUITE 102			City NORTH KINGSTOWN	State	Zip 02852
7 Mailing Address of Limited L	iability Compan	y and Name or Ti	tle of Contact Person		
7. Mailing Address of Limited Liability Company and Name or Tit Contact Name DOUGLAS B. RIGGS			Contact Title		
Street Address 50 WHITECAP DRIVE, SUITE 102			City NORTH KINGSTOWN	State RI	Z _{IP} 02852
		of the Limited Lia	ibility Company, IF APPLICABLE -	DO NOT LIST M	EMBERS
Manager Name DOUGLAS B. RIGGS			Manager Name		
Street Address 50 WHITECAP DRIVE, SUITE 102			Street Address		
^{City} NORTH KINGSTOWN	State RI	^{Zip} 02852	City	Stale	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		_	CI	heck the box to inc	dicate an attachment
9. Resident Agent in Rhode Isl	and. This informa	ation is currently of re	ecord with the Department of State. Ci	nanges require filing	Form 642.
Under penalty of perjury, I de statements, and that all state			amined this report, including an ie and correct.	y accompanying	schedules and
Name of Authorized Person				Date	
DOUGLAS B. RIGGS				09/05/2018	
Signature of Authorized Person	Pack	E /10	POPULAT IDEE		

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

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FORM 632 - Revised: 10/2017