	State of Knode Island and Providence Plantations
	State of Knode Island and Providence Plantations Department of State - Business Services Division

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 Eath ID Number	0.5	Caba I inited Lie	hills Caracau			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
000486507	WEST SHORE QUONSET, LLC					
3. NAICS COd 2	4. Brief de chip an of conducted in Rhode Island					
53110 Commercial Real estate						
RHODE ISLAND		\wedge				
6. Principal Office Address	<u> </u>		City	State	Zip	
83 BIRCHWOOD DRIVE			WAKEFIELD	R.L	02879	
7. Mailing Address of Limited Li	ability Company a	nd Name or Titl	e of Contact Person			
Contact Name LINDA N. HIRST			Contact Title MANAGER			
Street Address 83 BIRCHWOO	DD DRIVE		City WAKEFIELD	State R.I.	Zip 02879	
8. List ALL managers (names a	nd addresses) of	the Umited Liab	pility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name LINDA N. HIRST			Manager Name			
Street Address 83 BIRCHWOOD DRIVE			Street Address			
City WAKEFIELD	State R.1.	Zip 02879	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	 			Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	and. This informatio	in is currently of re	cord with the Department of Stat	e. Changes require filir	ng Form 642.	
Under ponalty of perjury, I do statements, and that all state				any accompanyin	ig schedules and	
Name of Authorized Person	INDA N. HIRS	 	,	Date 9/6	14/18	
Signature of Authorized Person	Youd	as 19.90	OUT LIEST			
<u> </u>		1				

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 SEP 2 7 2018

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