RI SOS Filing Number: 201922174110 Date: 9/30/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 **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.

Entity ID Number	2. Exact name of the Limited Liability Company				
94139	WESTMED PROPERTIES, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531120	Mal wat				
5. State of Formation					j
RHODE ISLAND		. <u>-</u>	_		
6. Principal Office Address			City	State	Zıp
50 WHITECAP DRIVE, SUITE 102			NORTH KINGSTOWN	RI	02852
7. Mailing Address of Limited Lia	, ,	and Name or Tit	le of Contact Person		
Contact Name DOUGLAS B. RIGGS			Contact Title		
Street Address 50 WHITECAP DRIVE, SUITE 102			City NORTH KINGSTOWN	State RI	^{Ζφ} 02852
		of the Limited Lia	bility Company, IF APPLICABLE -	DO NOT LIST	MEMBERS
Manager Name DOUGLAS B. RIGGS			Manager Name		
Street Address 50 WHITECAP DRIVE, SUITE 102			Street Address		
City NORTH KINGSTOWN	State RI	^{Ζιρ} 02852	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	nd. This informat	tion is currently of re	ecord with the Department of State. Ch	nanges require fili	ng Form 642.
Under penalty of perjury, I de statements, and that all state			nmined this report, including an ie and correct.	y accompanyir	ng schedules and
Name of Authorized Person				Date	
DOUGLAS B. RIGGS				09/25/2019	
Signature of Authorized Person	,	0.73.1	to the state of th	•	
Signature of Authorized Person OVER 10 STUMPN TO LITTLE					
EU ED					

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

FORM 632 - Revised: 10/2017