

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.

FILED	Dimp
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1. Entity 1D Number		2. Exact name of the Limited Liability Company					
000116799	West	Westerly Ventures, LLC					
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island					
531110	Developm	Development of Real Estate					
5. State of Formation							
Rhode Island							
6. Principal Office Address	I		City	State	Zıp		
1414 Atwood Avenue			Johnston	RI	02919		
7. Mailing Address of Limite		any and Name o	r Title of Contact Person	.			
Contact Name Kelly Coates			Contact Title Authorized	Contact Title Authorized Trustee			
Street Address 1414 Atwood Avenue			City Johnston	State RI	^{Zip} 02919		
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address		Street Address	Street Address				
City	State	Zıp	City	State	7ір		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
				Check the box to	indicate an attachment		
9. Resident Agent in Rhode	Island. This infor	mation is currently	of record with the Department of St	ate Changes require fili	ng Form 642.		
Under penalty of perjury, statements, and that all s			examined this report, includi true and correct.	ng any accompanyir	ng schedules and		
Name of Authorized Person			Date				
Kelly Coates			10/23/19				
Signature of Authorized Per	rson	// ~	N DOCUMENT HERE				
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MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

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