

FILED STAINP

Annual Report for the year: 2020 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.

SEP	3 0 2020	1	
	122		

1. Entity ID Number	2. Exact name of the Limited Liability Company								
798339	WESTERLY CAPITAL, LLC								
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island								
531390	Der	, F<7	TATE THUEST	MENTS	,				
5. State of Formation	REAL ESTATE INVESTMENTS								
R. 工.									
6. Principal Office Address	_		City	State	Zip				
7 SHORELINE DRIVE			WESTERLY	RI	02891				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person									
Contact Name MICHAEL CAPALBO			Contact Title OWNER						
Street Address 7 SHOR	ELINE	Dr.	City WESTERLY	State 21	zip 02891				
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS									
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
 	<u> </u>	<u> </u>	Che	eck the box to ind	icate an attachment				
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.									
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.									
Name of Authorized Person Michael CAPALBO Date 9/28/2020									
Signature of Authorized Person Word One 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