



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

FILED

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or

FOR SECRETARY OF STATE USE ONLY

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.

1. Entity ID Number 1678389		2. Exact name of the Limited Liability Company Westconnaug Recovery Company, LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Real Estate Company			
5. State of Formation RI					
6. Principal Office Address 178 Broadway		City providence		State	Zip 2903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael J. Riley		Contact Title Attorney			
Street Address 178 Broadway		City providence		State	Zip 2903
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
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person By: Michael J. Riley Its Authorized Representative				Date OCT 30 2020	
Signature of Authorized Person		SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov