



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

**FILED**

NOV 04 2020

1228

**STAMP**

*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