State of Rhode Island

Department of State - Business Services Division

F — S I A —

NOV 01 2021

BY 534

Annual Report for the year: 2021

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	2 Exact name of the Limited Liability Company		
552029	Westlook Healthcare Partners, LLC		
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
621610	To own an interest in a company that provides home care services.		
5. State of Formation			
Rhode Island			
6. Principal Office Address	City	State	Zip
1238 Drift Road	Westport	MA	02790
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Brian A Pontolilo	Contact Title		
Street Address 1238 Drift Road	City Westport	State MA	Zip 02790
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. 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	Date		
Brian A Pontolilo	10/22/21		
Signature of Authorized Person			
Brian Pontolilo			

MAIL TO:
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