	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street	
HOPE	Providence RI 02904-2615 (401) 222-3040	
Limited Liability Company		
Annual Repor		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2022		
1. ID No. <u>00</u>	01718865	
2. Exact Name of the Limited Liability Company Halcyon at West Bay, LLC		
3. State of Formation		
State: <u>RI</u>		
ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>621999</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
OPERATION OF A LICENSED ASSISTED LIVING FACILITY		
5. Principal Offi	ce Address	
No. and Street:	<u>C/O CAMERON & MITTLEMAN LLP</u> <u>301 PROMENADE STREET</u>	
City or Town:	PROVIDENCE State: <u>RI</u> Zip: <u>02908</u> C	ountry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: No. and Street:	STEVEN LOWINGER Contact Title: MANAGER 2783 WEST SHORE ROAD	
City or Town:	WARWICK State: RI Zip: 02886 Cou	ntry: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
JOHN W. WOLFE, ESQ. CAMERON & MITTLEMAN LLP 301 PROMENADE STREET PROVIDENCE , RI 02908		
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).		

Signed this 19 Day of April, 2022 at 11:07:47 AM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By STEVEN LOWINGER, MANAGER

Signature of Authorized Person

Form No. 632 Revised 09/07

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