



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: February 1 - May 1

*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.** 001732400

**2. Exact Name of the Limited Liability Company** West Shore Property Management LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531390

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO ACQUIRE, OWN, MANAGE, DEVELOP, AND LEASE REAL ESTATE, AND TO ENGAGE  
IN  
ANY OTHER LAWFUL ACTIVITY, INCLUDING TO HOLD, OWN, LEASE, IMPROVE,  
DEVELOP,  
OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY  
AND  
OTHERWISE DEAL WITH AND OBTAIN LOANS ON THE SAME AS OWNER THEREOF,  
AND TO  
ACQUIRE AND DEAL WITH PERSONAL PROPERTY OF ANY NATURE, MANNER OR  
KIND  
WHATSOEVER TO THE EXTENT NECESSARY, DESIRABLE, CONVENIENT AND  
APPROPRIATE  
TO CARRY OUT THE FOREGOING PURPOSES, AND ANY OTHER LAWFUL BUSINESS  
THAT MAY  
BE ENGAGED IN BY A LIMITED LIABILITY COMPANY FORMED UNDER THE LAWS OF  
THE  
STATE OF RHODE ISLAND

**5. Principal Office Address**

No. and Street: 1 UNIVERSITY PLAZA  
SUITE 303

City or Town: HACKENSACK State: NJ Zip: 07601 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: JONATHAN STRAUSS Contact Title: MANAGING MEMBER

No. and Street: 1 UNIVERSITY PLAZA  
SUITE 303

City or Town: HACKENSACK State: NJ Zip: 07601 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ADLER POLLOCK & SHEEHAN P.C. 1 CITIZENS PLAZA 8TH FLOOR PROVIDENCE , RI 02903

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 23 Day of May, 2022 at 1:14:06 PM 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 JONATHAN STRAUSS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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