



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2024 JAN 19 P 2: 56

1. Entity ID Number 001718865		2. Exact name of the Limited Liability Company Halcyon at West Bay, LLC	
3. NAICS Code 62199 9		4. Brief description of the character of business conducted in Rhode Island OPERATION OF A LICENSED ASSISTED LIVING FACILITY	
5. State of Formation RHODE ISLAND			
6. Principal Office Address C/O Cameron & Mittleman, 301 Promenade St.		City Providence	State RI
		Zip 02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Steven Lowinger		Contact Title Manager	
Street Address 2783 West Shore Road		City Warwick	State RI
		Zip 02886	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 STEVEN LOWINGER			Date 1/15/23
Signature of Authorized Person 			

FILED 258

JAN 19 2024
BY 101233

MAIL TO:
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