RI SOS Filing Number: 202444287210 Date: 1/19/2024 2:57:00 PM



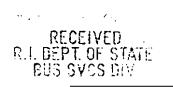
State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2023
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.



2024 JAN 19 P 2: 56

			4021 4	
1. Entity ID Number	2. Exact name of the Limited Liability Company			
001718865	Halcyon at West Bay, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
621994	OPERATION OF A LICENSED ASSISTED LIVING FACILITY			
5. State of Formation				
RHODE ISLAND				
6. Principal Office Address		City	State	Zip
C/O Cameron & Mittleman, 301 Promenade St.		Providence	RI	02908
7. Mailing Address of Limited Lia	bility Company and Name or Title	e 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 \$750510	LOWINGTER		Date /11/5/23	
Signature of Authorized Person				

VS FILED 257

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov