RI SOS Filing Number: 200954954200 Date: 11/10/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.*

1. ID No.	2. Exact name of the limited liability company		
144770	BK Financial Services, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RI	Accounting, Financial Services, Consulting		
5. Principal office address	City	State	Zip
875 Oaklawn Avenue, Suite LL4	Cranston	RI	02920

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Bernard W. Klimaj	President		
Street Address	City	State	Zip
875 Oaklawn Avenue, Suite LL4	Cranston	RI	02920

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

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

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

RECEIVED
2009 OCT 22 AM 10:59
SECRETARY OF STATE
CORPORATIONS DIV.

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

144770

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.

Bernard W. Klimaj 10/19/09
Signature of Authorized Person *Date*

BERNARD W. KLIMAJ
Print or Type Name of Authorized Person

File Date _____
Check No. **FILED**
By: NOV 10 2009
49113-19-45537
BY
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08