



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

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. 000154252		2. Exact name of the limited liability company BRISTOL BAY CONVERSION, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 2 BAYVIEW AVENUE		City BRISTOL	State RI
			Zip 02809
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN ASERMEY		Contact Title MANAGER	
Street Address 35 GRAND PINE WAY		City WESTPORT	State MA
			Zip 02790
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name JOHN ASERMEY		Manager Name	
Street Address 35 GRAND PINE WAY		Street Address	
City WESTPORT	State MA	City	State
Zip 02790			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip			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			

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

000154252

FILED
 File Date JUN 29 2010
 Check No. By DS
 By: 121633
 FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person _____ Date 6/29/10

MANAGER

Print or Type Name of Authorized Person _____