



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

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

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

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.<br><b>506298</b>                                                                                                                                                                                   |       | 2. Exact name of the limited liability company<br><b>BRADFORD CONDOMINIUM, LLC</b>                                              |                    |
| 3. State of Formation<br><b>RI</b>                                                                                                                                                                           |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>PROPERTY MANAGEMENT</b> |                    |
| 5. Principal office address<br><b>425 MAIN STREET #3</b>                                                                                                                                                     |       | City<br><b>EAST GREENWICH</b>                                                                                                   | State<br><b>RI</b> |
|                                                                                                                                                                                                              |       | Zip<br><b>02818</b>                                                                                                             |                    |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                         |       |                                                                                                                                 |                    |
| Contact Name<br><b>PETER JONES</b>                                                                                                                                                                           |       | Contact Title<br><b>RESIDENT AGENT - TREASURER</b>                                                                              |                    |
| Street Address<br><b>426 MAIN STREET #3</b>                                                                                                                                                                  |       | City<br><b>EAST GREENWICH</b>                                                                                                   | State<br><b>RI</b> |
|                                                                                                                                                                                                              |       | Zip<br><b>02818</b>                                                                                                             |                    |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>HOLD IN SPACES BEFORE USING ATTACHMENTS (*X BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                 |                    |
| 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<br>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).

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

Print or Type Name of Authorized Person

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>SEP 07 2010</b> |
| By                              | <b>By 1090</b>     |
| FOR SECRETARY OF STATE USE ONLY |                    |