



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 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>74990</b>   |             | 2. Exact name of the limited liability company<br>Bridge Street Realty, LLC.  |                                 |              |              |
| 3. State of Formation<br>Rhode Island   |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Manage real estate |                                 |              |              |
| 5. Principal office address<br>16 Bridge Street   |             | City<br>PROVIDENCE,   | State<br>Rhode Island           | Zip<br>02903 |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |             |   |                                 |              |              |
| Contact Name<br>Paul DiCenso  |             |   | Contact Title<br>member         |              |              |
| Street Address<br>16 Bridge Street  |             | City<br>PROVIDENCE,   | State<br>Rhode island           | Zip<br>02903 |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |   |                                 |              |              |
| Manager Name<br>Paul DiCenso  |             |   | Manager Name<br>Mary Ann Basile |              |              |
| Street Address<br>16 Bridge Street  |             | Street Address<br>16 Bridge Street  |                                 |              |              |
| City<br>PROVIDENCE  | State<br>RI | Zip<br>02903  | City<br>PROVIDENCE              | State<br>RI  | Zip<br>02903 |
| 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  |             |   |                                 |              |              |

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

File Date: 9-24-2010  
 Check No.: 1010  
 By: [Signature]  
 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] 9/24/10  
 Signature of Authorized Person Date  
 Paul DiCenso  
 Print or Type Name of Authorized Person