



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 2011**

**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)(7c)) is subject to a penalty fee of \$25.00.

|   |                    |  |   |                     |                     |
|---|--------------------|--|---|---------------------|---------------------|
| 1. ID No.<br><b>139813</b>  |                    | 2. Exact name of the limited liability company<br><b>BERTOLDI PROPERTIES 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>REAL ESTATE RENTAL</b> |   |                     |                     |
| 5. Principal office address<br><b>767 HARTFORD AVENUE</b>   |                    | City<br><b>JOHNSTON</b>  | State<br><b>RI</b>                        | Zip<br><b>02919</b> |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |                    |  |   |                     |                     |
| Contact Name<br><b>ANTHONY BERTOLDI</b>   |                    |  | Contact Title<br><b>MANAGING PARTNER</b>  |                     |                     |
| Street Address<br><b>767 HARTFORD AVENUE</b>  |                    | City<br><b>JOHNSTON</b>  | State<br><b>RI</b>                        | Zip<br><b>02919</b> |                     |
| 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><b>ANTHONY BERTOLDI</b>   |                    |  | Manager Name<br><b>JOSEPH R. BERTOLDI</b> |                     |                     |
| Street Address<br><b>9 FAIR OAKS LANE</b>   |                    |  | Street Address<br><b>50 REGINA DRIVE</b>  |                     |                     |
| City<br><b>GREENVILLE</b>   | State<br><b>RI</b> | Zip<br><b>02828</b>  | City<br><b>N. SCITUATE</b>                | State<br><b>RI</b>  | Zip<br><b>02857</b> |
| 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).

**FILED**

File Date SEP 12 2011  
Check No. \_\_\_\_\_  
By: AV 2136

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Anthony Bertoldi 9-1-2011  
Signature of Authorized Person Date  
**ANTHONY BERTOLDI**