



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

1. ID No. 555420		2. Exact name of the limited liability company BERNATCHEZ REALTY, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To own, manage, lease and/or sell real property.			
5. Principal office address 88 Upper Highland Road		City Charlestown		State RI	Zip 02813
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Daniel Bernatchez		Contact Title Manager			
Street Address 201 West Trail		City Stamford		State CT	Zip 06903
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 Daniel Bernatchez		Manager Name Marc Bernatchez			
Street Address 201 West Trail		Street Address 100 Parrott Drive, Apt. 903			
City Stamford	State CT	Zip 06903	City Shelton	State CT	Zip 06494
Manager Name James Bernatchez		Manager Name			
Street Address 242 Baxter Lane		Street Address			
City Milford	State CT	Zip 06460	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).

555420

FILED

File Date SEP 19 2011

Check No.

By: DV 2139

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 *Daniel Bernatchez* 9/13/11
Date

Daniel Bernatchez

Print or Type Name of Authorized Person