



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 2009

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. 000135789		2. Exact name of the limited liability company BFL DEVELOPERS LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, DEVELOP, BUILD AND SELL REAL ESTATE			
5. Principal office address 3129 COUNTY STREET,		City SOMERSET	State MA	Zip 02726	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID J. MEGNA		Contact Title MANAGER			
Street Address 3129 COUNTY STREET		City SOMERSET	State MA	Zip 02726	
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) <input type="checkbox"/>					
Manager Name DAVID J. MEGNA		Manager Name			
Street Address 3129 COUNTY STREET		Street Address			
City SOMERSET	State MA	Zip 02726	City	State	Zip
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					

FILED
SEP 20 2011
By J. B. 152416

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2011 SEP 20 PM 2:31

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

000135789

File Date _____
Check No. _____
By: _____
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.

David J. Megna 11/9/10
Signature of Authorized Person Date

DAVID J. MEGNA

Print or Type Name of Authorized Person