

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2012

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact na	me of the limited liability	company					
322693	BERMA	BERMARKIL, LLC						
3. State of Formation	4. Brief des	cription of the character	of business conducted in Rho	de Island				
					any other			
RI	legal	to manage real estate rental property and any other legal purpose						
5. Principal office address		<u> </u>	City	State	Zip			
150 Kristen Court			Warwick	RI	02888			
6. MAILING ADDRESS OF L	MITEO LIABILT	TY COMPANY AND NA	ME OR TITLE OF CONTACT	RERSON:	valuation and the state of the state of the	ziúx.		
Contact Name			Contact Title					
Bernard A. Kilcline	. <u> </u>							
Street Address			City	State	Zip			
150 Kristen Court			Warwick	$ \mathtt{R_I} $	02888			
7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME	AMES AND ADE	RESSES) OF THE LIM	ITED LIABILITY COMPANY,	IF APPLICABLE - DO	Not Elst MEMBER			
Manager Name Bernard Kilcl	ine		Manager Name	<u>un en la region de la companya de l</u>	RESERVED AND RESERVED AND AND ASSESSMENT OF THE PERSON OF	3911		
Street Address 150 Kristen Co	ourt		Street Address					
City Warwick	State RI	Zip 02888	City	State	Zip			
Manager Name		<u> </u>	Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN RHO	IDE ISLAND							
This information is currently	of record in the	e Office of the Secreta	ry of State. Changes require	filing Form 642.		riet.		

File Da		
Check		
By:		
FOR SE	CRETARY OF STATE USE ONLY	

Form No. 632 Revised: 01/2012 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

BERNARD A KILCLINE

Print or Type Name of Authorized Person