

## 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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## 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. 109736	2. Exact na	me of the limited liab	ility company			
109730	BSW Realty Associates, LLC					
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Real est	Real estate				
5. Principal office address 235 Plain Street		City Providence	State RI	Zip <b>02905</b>		
5. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Kathleen Cote Bowling, M.D.			Contact Title Member			
Street Address 235 Plain Street			City Providence	State RI	Zip <b>02905</b>	
				<del></del>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, II	APPLICABLE - DO	NOT LIST MEMBE	
( X BUX FOR ATTACH	(NAMES AND ADI IMENT) 🗌	ORESSES) OF THE	LIMITED LIABILITY COMPANY, II  Manager Name	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBE	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH Manager Name Street Address	(NAMES AND ADI	ORESSES) OF THE	Flat file i ve Simo i talet prifete	- APPLICABLE - <u>Do</u>	NOT LIST MEMBE	
Manager Name	(NAMES AND ADI	Zip	Manager Name	State	Zip	
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Manager Name Street Address	MENT)	<u> </u>	Manager Name Street Address City			
("X" BOX FOR ATTACH Manager Name Street Address City Manager Name	MENT)	<u> </u>	Manager Name Street Address City Manager Name			
Manager Name Street Address City Manager Name Street Address	State State	Zip	Manager Name  Street Address  City  Manager Name  Street Address  City	State	Zip	

FILED

OCT 25 2012

File Date \_\_\_\_\_\_Check No \_\_\_\_\_\_By: \_\_\_\_\_

FOR SECRETARY 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 adhedules and statements, and that all statements contained herein/aye true and correct.

Signature of Authorized Person

Gary Wharton, M.D.

Print or Type Name of Authorized Person