



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 2013

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. 139813		2. Exact name of the limited liability company BERTOLDI PROPERTIES, LLC.			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL			
5. Principal office address 767 HARTFORD AVENUE		City JOHNSTON	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ANTHONY BERTOLDI		Contact Title MANAGING PARTNER			
Street Address 767 HARTFORD AVENUE		City JOHNSTON	State RI	Zip 02919	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ANTHONY BERTOLDI		Manager Name JOSEPH BERTOLDI			
Street Address 9 FAIR OAKS LANE		Street Address 50 REGINA DRIVE			
City GREENVILLE	State RI	Zip 02828	City SCITUATE	State RI	Zip 02857
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 Form 642.					

File Date _____
 Check No. _____
 By: _____

FOR SECRETARY OF STATE USE ONLY BY 2431

FILED
 AUG 26 2013

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.

Anthony Bertoldi 08/22/2013
 Signature of Authorized Person Date

ANTHONY BERTOLDI
 Print or Type Name of Authorized Person