



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 2014

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.

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|--|--------------------|--|--------------------|---------------------|-----|
| 1. Entity ID No. <u>117223</u> [REDACTED] | | 2. Exact name of the limited liability company <u>Bali Properties LLC</u> | | | |
| 3. State of Formation <u>RI</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>AUTO SALES</u> | | | |
| 5. Principal office address <u>240 Silver Spring ST</u> | | City <u>Providence</u> | State <u>RI</u> | Zip <u>02904</u> | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name <u>DAVID M DEFRATTAS</u> | | Contact Title <u>MEMBER</u> | | | |
| Street Address <u>240 Silver Spring ST</u> | | City <u>Providence</u> | State <u>RI</u> | Zip <u>02904</u> | |
| 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 <u>RONALD M ASH JR</u> | | Manager Name | | | |
| Street Address <u>9 Rogler Farm Rd</u> | | Street Address | | | |
| City <u>Smithfield</u> | State <u>RI</u> | Zip <u>02917</u> | 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 Form 642. | | | | | |

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 AUG 12 2015
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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 Date 8/12/15

DAVID M. DEFRATTAS
 Print or Type Name of Authorized Person

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